

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 50

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

VOL. III
DAY THREE

The verbatim transcript of the 50th
Meeting of the Advisory Board on Radiation and
Worker Health held at the Holiday Inn Select,
Naperville, Illinois, on Oct. 5, 2007.

*STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTERS
404/733-6070*

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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Good morning. People have been here all
2 week and we are hopeful in getting efficiently
3 through the items for -- for the morning. And
4 I say for the morning because if we move with
5 expediency, there may not be much of an
6 afternoon of work, so we will proceed.

7 SCIENCE ISSUES UPDATE

8 We have one item which we carried over. Our
9 featured speaker, which we decided to cap our
10 meeting with Dr. Jim Neton and to do this in
11 the morning when everyone is bright-eyed, Jim.
12 So here's our science issues update from Dr.
13 Jim Neton.

14 While Jim is setting up here and getting the
15 mike on, a usual reminder. If you didn't do
16 it, register your attendance with us.

17 **DR. NETON:** Thank you, Dr. Ziemer. I know
18 people have been anticipating this talk for...

19 **DR. ZIEMER:** For days.

20 **DR. NETON:** For days they've been anticipating

1 this presentation so hopefully I won't -- I
2 won't disappoint.

3 We do science issues updates periodically. I
4 think it's been some time since we've -- we've
5 had the microphone and the opportunity to talk
6 about what we've been doing behind the scenes
7 to address some of the issues that -- that
8 arise as part of the SC&A/Board review, as well
9 as our own internal issues that we -- we
10 discover during -- during the processing of
11 cases.

12 Just to remind everyone, I have a slide that
13 talks about the issues, how -- what -- what --
14 these issues actually are encompassed by two
15 broad categories, and those are the working
16 issues that are related to the risk model, and
17 those were evaluated by an Advisory Board
18 working group -- oh, back in February 2005.
19 They're all related to risk model calculations
20 and right now, just so you know, we do track
21 these. There are seven on the list that we're
22 -- we're working on right now.

23 And the other general category of these --
24 these issues fall under the dose reconstruction
25 area, and these are issues that are dose

1 reconstruction-related but apply across almost
2 all the sites. There's some overarching issue
3 that would affect almost all claims. A good
4 example of that is the super S issue, the
5 highly insoluble plutonium. That affected a
6 number of sites. Maybe not all sites, but a --
7 a very -- a large number of sites and
8 claimants.

9 For the most part these are issues that were
10 identified during the review process, and we do
11 have a list, we're tracking those, and right
12 now we have ten -- ten issues on that list.
13 I've listed here the risk model issues that we
14 -- we are working on. I don't know if you can
15 see it here, but the ones that are highlighted
16 in blue are -- are the ones that either we've
17 completed or have made significant progress and
18 will be reporting to the Board a status fairly
19 shortly.

20 The smoking adjustment for lung cancer, as you
21 see is highlighted in blue, was taken care of
22 some time ago. We presented to the Board,
23 modified the IREP risk model to -- to do the
24 two types of adjustments for lung cancer based
25 on the new Pierce incidence data, and we've

1 moved forward and issued a PER on that and --
2 and that's completed.

3 The bottom two -- we're getting close -- which
4 is the addition of chronic lymphocytic
5 leukemia, we worked very hard on the risk model
6 with our -- our partners in the risk business -
7 - SENES Oak Ridge, Incorporated. Hopefully I
8 can report that to the Board in the near term.
9 And the other one that I've highlighted is dose
10 and dose rate effectiveness factor, which some
11 of you may have noticed several months ago in
12 *Health Physics* there was a fairly extensive
13 review published by SENES Oak Ridge on the
14 current status of knowledge of this -- of this
15 parameter and -- and the, you know, where --
16 where we are with this and what -- we're using
17 that as a springboard to determine where we
18 might go with the DDREF calculation, and in
19 particular bouncing that against what the BEIR
20 VII committee had proposed.

21 That being said, I'm not going to say too much
22 more about these issues today from this
23 perspective, but I do have a couple -- risk
24 model based issues that I -- I'd like to
25 discuss with you. One is the -- periodically

1 we've reported to the Board the compensation
2 rates by cancer -- by cancer model. It's of
3 interest to the Board, and I know many
4 stakeholders are curious about these numbers.
5 Before I do show the data, there are some
6 important caveats that we'd like to put out
7 there, and these are listed here:
8 They are results through September. We've only
9 analyzed the data for claims that NIOSH
10 received notice from the Department of Labor if
11 it had been finally adjudicated. We didn't
12 want to presume -- presume the end result, so
13 these are -- these data represent about 12,400
14 cases. And although we're fairly mature in the
15 process now, the rates we've presented could be
16 affected by the -- by the dose reconstruction
17 efficiency process, although with 12,000 I
18 think we've stabilized quite a bit. But again,
19 if we're -- we're doing a lot of cases that are
20 under 50 percent to screen through these
21 things, it -- it might have some effect on the
22 numbers, so they might not be predictive of
23 future results. And unless otherwise noted,
24 the rates reflect claims with only one primary
25 cancer. That is, we can only really give you

1 some good numbers for where one primary cancer
2 existed. Where there's multiple cancers, it
3 can't be done.

4 With that being said, there are -- if you
5 recall, there are 32 individual IREP risk
6 models that -- that we can -- we -- we use in
7 our program. I've not included all the risk
8 mod-- all the -- all the data for the 32. I'm
9 only presenting the data here for the -- the
10 ones that exceeded ten percent compensation
11 rate, although attached to the back of your --
12 to my presentation, both at the Board level and
13 at the back, is a supplement that presents a
14 Excel spreadsheet that has all 32 listed there,
15 with some more detailed information about the
16 actual number of cases we've had and that sort
17 of thing.

18 So I'm just going to briefly go through the --
19 the first -- the ones that exceeded ten percent
20 in our -- in our est-- in our calculation. And
21 the highest one, which is not unexpected, is
22 lung cancer. Lung cancer is compensated at a
23 rate of about 70 percent. That's primarily due
24 to the fact that -- I believe a lot of this has
25 to do with the fact that when we do missed dose

1 calculations for people working with actinides,
2 the missed dose is so large that it -- it puts
3 these people into a very high missed dose
4 category, oftentimes well over 100 rem, which
5 ends up compensating lung cancer.
6 So three out of the top five are leukemia
7 cancers -- chronic myeloid leukemia, acute
8 lymphocytic leukemia and acute myeloid
9 leukemia. Those -- as you know, we have three
10 separate risk models so they show up here.
11 Those are -- are very high compensated -- it
12 doesn't take a lot of exposure for leukemia
13 cancer to be -- to be over 50 percent.
14 One thing that actually did surprise me when we
15 put this together, and this has moved up on the
16 -- on the scale since Russ Henshaw reported
17 this a couple of years ago -- is now the
18 existence of basal cell carcinoma, up here at
19 57.8 percent. That's a pretty high
20 compensation rate. I didn't expect that when
21 we did this analysis, but fair-- fairly --
22 fairly good number of people are being
23 compensated for basal cell carcinoma.
24 Liver cancer was expected. That does -- that's
25 a fairly radiogenic organ so that's up there.

1 And malignant melanoma is not too far behind
2 basal cell carcinoma, 38.3 percent.
3 Going down the list, other respiratory cancers,
4 which would include tracheobronchus, those type
5 of organs, definitely related to the -- the
6 lung, 34 percent. Lymphoma is up there now.
7 As you remember, you may recall we changed our
8 lymphoma target organ approach, did a P-- a
9 Program Evaluation Report on that, and now the
10 lymphoma compensation rate is -- is
11 substantially increased due to that change. If
12 you recall, we will use the tracheobronchial
13 lymph nodes as the organ -- if -- for an
14 inhalation exposure, as the lymph organ to
15 calculate the dose for and that -- that jacks
16 up the dose quite a bit.
17 Moving down, gall bladder, oral cavity and
18 pharynx, eye, other endocrine glands -- some of
19 these -- you do have to remember that there are
20 small numbers, I think. When we get into the
21 eye cancer model, there's a total of 24 eye
22 cancers in -- in the -- in the pool, so you get
23 into the small number statistics, and those
24 numbers are all on the Excel spreadsheet that
25 I've handed out.

1 On a more summary level, I've listed here the
2 overall compensation rate for claims that have
3 single primary cancer, that's 28 percent. When
4 one has multiple primary cancers presented in
5 the -- in the case, the -- the rate jumps up to
6 43.7 percent, and that of course is due to the
7 fact that we treat multiple primary cancers as
8 if they're totally uncorrelated events, and so
9 we account for that in the calculation.

10 And if you lump them all together, the total
11 compensation rate for all cases is 31.7 percent
12 -- again, based on these 12,400 cases that are
13 finally adjudicated. That number may be
14 slightly different than what Larry Elliott
15 presented yesterday, but he was looking at a --
16 a larger pool of cases, just so there's no
17 confusion on that.

18 Okay, the second issue I'd like to talk about
19 today is a report that was -- NIOSH was asked
20 to put together by the Senate, Senate Report
21 Number 109-303. And in that report -- it was
22 requested that NIOSH evaluate the radiogenecity
23 of cancers that aren't on the presumptive
24 cancer list. And if there were cancers we
25 thought should be on the list, recommend the

1 type that could -- should be added. And if we
2 did recommend ones, we should identify the
3 number of current SEC cases, by facility, that
4 would be included in the cancer -- if the --
5 that may be compensated if the cancer type was
6 added to the list.

7 So we did that. We reviewed 11 non-presumptive
8 cancers that weren't on the list, and they're
9 presented here. There are 11 listed here we
10 reviewed. However, if -- if you note there --
11 if you notice, there's a footnote under rectum.
12 It is a non-presumptive cancer; however,
13 Department of Labor early on in the process
14 consulted with the National Cancer Institute
15 and the National Cancer Institute's
16 determination was that colon and rectal cancer
17 are substantially similar, so they should be
18 treated with -- treated the same. And so for
19 all intents and purposes, rectal cancer ends up
20 being a presumptive cancer. So in fact, even
21 though we looked at 11, we really only analyzed
22 the data for ten because rectal cancer was
23 already being compensated as a non-presumptive
24 cancer.

25 Okay, we focused our review using comprehensive

1 reviews of the literature. We thought -- we
2 didn't want to rely on a single study because
3 clearly there could have been a random
4 association of some type. So we looked at
5 comprehensive literature reviews that were
6 primarily conducted in the mid to late '90s,
7 early 2000. Those were reviews that were done
8 by Elaine Ronn*, John Boice, Mettler and
9 Upton*, and then there was an UNSCEAR review
10 that was published in 2000 on radiogenecity of
11 cancers. So we -- we took those four studies
12 together and looked at them and compared where
13 they agreed and where they didn't agree, and
14 made our determination based on that review.
15 As with most things that we do of this nature,
16 we went out and obtained the review of five
17 subject matter experts of our draft report. We
18 got those expert opinions back and -- and
19 addressed all the questions, consolidated it
20 and issued a final report to the Senate
21 Appropriations Committee just this June, a
22 couple of months ago.

23 During the time period that we were putting
24 this report together UNSCEAR had a draft report
25 that remained draft through the entire period

1 we were writing. We were hoping it would have
2 been finalized and we could have used it, but
3 it never did get finalized and we felt it would
4 have been better to rely on that data. Even
5 though we had knowledge of the draft report, we
6 didn't want to base our recommendations on som-
7 - a draft that could change. So we committed
8 in this report that we sent to Congress that we
9 would update it -- send an update report -- I
10 mean for the Senate Appropriations Committee --
11 once the UNSCEAR report became finalized.
12 The bottom line was that we concluded that
13 consistent evidence existed to support the
14 radiogenecity of basal cell carcinoma. It
15 shouldn't be any surprise. You saw on the
16 compensation rate graph that I presented, basal
17 cell carcinomas are being compensated at about
18 a 56 percent -- over a 57 percent rate, by
19 NIOSH anyways, and there was general agreement
20 among the four studies we looked at that basal
21 cell carcinoma was indeed radiogenic. Some
22 level -- some debate as to the degree and --
23 and what-not, but in general we felt that there
24 was fairly strong evidence, based on those four
25 reports, that basal cell was radiogenic.

1 To some extent, malignant melanoma may have
2 been, but there was conflicting evidence and it
3 wasn't as strong, so we -- we went and
4 recommended just the basal cell carcinoma at
5 this time.

6 To finish up on the request that Con-- that the
7 Senate report asked, we looked at the cases
8 that were in an SEC with basal cell carcinoma.
9 We found that there were 1,985 claims -- this
10 is as of June -- that were in an SEC that had
11 at least one basal cell carcinoma. Now that
12 sounds like a high number, but for -- about 60
13 percent of these cases are in the
14 Congressionally-created SEC at the gaseous
15 diffusion plants. So 40 percent are from the
16 ones that have been created by NIOSH through
17 the Board process; 60 percent would -- are in
18 the Congressionally-mandated SEC. Anyway, that
19 -- it's a fairly large number, any way you look
20 at it. But I would -- I do believe that many
21 have already been compensated due to the --
22 through the dose reconstruction process,
23 because again, over 50 percent of the basal
24 cell carcinoma cancers that come through our
25 dose reconstruction process are compensated

1 anyway, so the -- the dealt is not going to be
2 quite that great.

3 Okay, switching gears onto the second -- second
4 aspect of what we looked at, which is the
5 overarching dose reconstruction issues, I've
6 presented a table here that has the -- the ten
7 issues that are currently on our plate, as we
8 see them. And again, in blue I've listed the
9 ones that are completed or are very much
10 nearing completion that we will present on in
11 the near term.

12 The internal dose from super S has been done.
13 We've issued a -- a TIB on that. We're working
14 on the Program Evaluation Report to rework all
15 those super S cases, and so this one is
16 considered complete.

17 The two that I'm going to talk about today are
18 oro-nasal breathing and thoriated welding rods.
19 Those are two on our list that I think we've --
20 we've done enough review and analysis to
21 consider these complete. They will be issued
22 as Technical Information Bulletins in the near
23 term. That's not done yet, but we have all the
24 information assembled and are ready to do that.
25 And I hope to have at the next Board meeting

1 the workplace ingestion issue to talk about as
2 being complete.

3 Okay. Oro-nasal breathing is something that
4 came about way back when in the Bethlehem Steel
5 review. Seems like a decade ago, it was
6 probably just a couple of years. We did a lit-
7 - we -- we worked with a contractor, EG&G, on
8 this and some of you may know George Anastas*
9 was the lead on this, and they did a very good
10 job of surveying the literature for us on -- on
11 this issue. They identified more than 80
12 publications. They collected and reviewed
13 these. A number of these were -- were
14 applicable -- directly applicable to steel mill
15 environments because this issue originated in
16 Bethlehem Steel, but it was also -- the issue,
17 as you'll see later when we get to discussing
18 this, is -- is primarily applicable to, we
19 believe, AWEs, Atomic Weapons Employers, and
20 the reason will become apparent as we discuss
21 this.

22 They looked at the work practices and
23 ventilation rates and evaluated both oro-nasal
24 breathing and the appropriateness of the
25 default ventilation rates. There was some

1 concern early on that even a heavy worker, 1.7
2 cubic meter per hour breathing rate, was -- was
3 not high enough for someone who worked in a
4 steel mill environment. Turns out that you
5 can't breathe much more than 1.7 cubic meters
6 per hour without hyperventilating. There's a
7 lot of good physiological data out there that
8 would pro-- that shows that it would be very
9 difficult to do that, and that's all included
10 in the -- in the report. I won't go into it in
11 detail in this presentation, though.

12 Okay, I don't want to make internal
13 dosimetrists out of everyone, but I thought I -
14 - I'd frame the issue here. This is the
15 general biokinetic model that (unintelligible)
16 ICRP-66. There's only three ways material can
17 get into the body. You can either eat it,
18 ingest it; you can inhale it, or it can come in
19 via a wound or absorb through the skin. Of
20 course with oro-nasal breathing we're concerned
21 about inhalation. And it's somewhat intuitive,
22 the more material that gets deposited deep in
23 the respiratory tract will get transferred to
24 the bloodstream and reside in the various
25 organs. So the more you get directly into the

1 respiratory tract, the higher the dose is going
2 to be, and that's exactly the issue that occurs
3 with oro-nasal breathing.

4 This is a little finer blow-up on the lung
5 model, and you see we have the extrathoracic
6 region one, ET1, and the extrathoracic region
7 two. What happens in oro-nasal breathing is
8 you bypass this ET1 which is the nose and the
9 nasal region up here. The material comes in
10 directly through the mouth and deposits in the
11 lung. So you -- what you end up doing is you
12 lose this filtration capacity of the upper --
13 upper and -- airways of the nose and -- and the
14 back of the throat. So what happens is for
15 every atom or so that you breathe in through
16 the mouth, there is a corresponding higher
17 deposition in the lung than if you breathed
18 some in the nose that would be subsequently
19 cleared and swallowed.

20 In fact, that's very well brought out if you
21 look at some of the numbers. This presents the
22 fraction of the -- of an intake that's breathed
23 through the nose for a nasal augments or a
24 mouth breather -- a nasal augments being a
25 normal person who breathes primarily through

1 their nose. And as you can see, for sleep,
2 rest, light exercise, 100 percent is considered
3 to be -- have -- breathe through the nose for a
4 nasal augmenter, and it's 70 percent for sleep
5 and rest for the mouth breather, goes down to
6 40 percent for the -- for light exercise, and
7 down to 30 percent for heavy exercise.
8 Interestingly enough, you know, they're --
9 they're called mouth breathers, but reality is
10 that even a mouth breather breathes 70 percent
11 of the time through the nose. But what -- you
12 can see here is -- is if you look at the ratio
13 of the mouth through the nose for light
14 exercise, which is what we use predominantly in
15 our models, versus how much goes through the
16 mouth, you can see that the ratio here is about
17 a factor of two and a half.
18 Well, we did a comparison of what would be the
19 dose difference if you breathed -- if you were
20 a -- a nasal augmenter or a mouth breather, and
21 that's what's presented here. The first column
22 here is a 50-year dose for a nasal augmenter,
23 and this is the 50-year dose to various organs
24 for a habitual mouth breather, and this third
25 column is the ratio of the dose for a nasal

1 augmenter to habitual mouth breather. And you
2 can see they're all around, interestingly
3 enough, close to two and a half, which makes
4 some intuitive sense, except for organs like
5 the colon which are not directly involved in
6 the respiratory tract deposition region. You
7 know, the colon is a little bit lower.
8 So the bottom line is there is a -- there is a
9 fairly large difference in the dose. Of course
10 we use annual doses in this program, not 50-
11 year doses, but it's much easier to compare --
12 Dr. Poston?

13 **DR. POSTON:** Are these data from ICRP-66 --

14 **DR. NETON:** Yes.

15 **DR. POSTON:** -- is this what you're doing?

16 **DR. NETON:** Yes.

17 **DR. POSTON:** I know you don't use heavy
18 exercise, but that looks strange to me.

19 **DR. NETON:** What, the 50 percent that breathe
20 through the nose for heavy exercise?

21 **DR. POSTON:** Yeah, most of the time when you
22 exercise, when you begin -- you almost breathe
23 totally through your mouth when you get into
24 heavy exercise, you're running and so forth.
25 In fact, that's a -- a threshold, when you

1 start breathing through your mouth instead of
2 through your nose.

3 **DR. NETON:** Right. Well, I think -- I think we
4 need to look at what heavy exercise is defined
5 as. That's 1.7 cubic meters per hour, which is
6 equivalent to pushing a wheelbarrow with a 75
7 kilogram weight.

8 **DR. POSTON:** Oh, well, that's different.

9 **DR. NETON:** Yeah.

10 **DR. POSTON:** That's not -- that's not heavy
11 exer--

12 **DR. NETON:** Well, that's -- that's the -- well,
13 that's the definition that the ICRP has used.
14 I mean that's my interpretation of what heavy
15 exercise is, 1.7 cubic meters per hour. But
16 I've read in the literature that it's like
17 pushing a wheelbarrow with a 75 kilogram
18 weight, something like that.

19 **MR. GRIFFON:** Along those same lines, Jim, the
20 light exercise nasal augments?

21 **DR. NETON:** Uh-huh.

22 **MR. GRIFFON:** I'm surprised it doesn't have any
23 change, it's --

24 **DR. NETON:** Yeah.

25 **MR. GRIFFON:** -- point zero, so -- that's

1 correct? It's not a --

2 **DR. NETON:** Yeah, I just checked that.

3 **MR. GRIFFON:** Okay.

4 **DR. NETON:** So -- at any rate, there is a
5 factor of two -- two or more difference between
6 -- between these two, so clearly there -- there
7 is something that we need to think about when
8 we're doing these dose reconstructions.

9 **MS. MUNN:** Is there a reason (unintelligible)
10 use uranium (unintelligible) --

11 **DR. ZIEMER:** Use your mike, Wanda.

12 **DR. NETON:** I'm sorry?

13 **MS. MUNN:** Was there a reason uranium-234 was
14 used for that analysis?

15 **DR. NETON:** It was a convenient example. We
16 believe that this is relevant mostly to AWEs,
17 and uranium is the predominant nuclide of
18 exposure at the Atomic Weapons Employer
19 facilities -- 234 was just conven-- is
20 convenient. It could have been 238. It
21 wouldn't really make a difference in the
22 calculations. And again, 6.44 times ten to the
23 sixth picocuries I think has to do with -- I
24 suspect that this is the Bethlehem Steel annual
25 inhalation that we use in the model. Again,

1 those numbers are just for reference. It would
2 be the same for -- for any level of intake we
3 chose.

4 But when you do a -- dose reconstructions, we -
5 - we approach them in two different ways. We
6 can either use air sample data to calculate the
7 dose, or we can rely on bioassay data. When we
8 rely on air sample data at an AWE facility,
9 which is about ten percent of our cases, we use
10 -- I don't want to say exclusively, but I can't
11 think of a case where if we just had general
12 air sample data and we can't position workers
13 about the plant, we would use the 95th
14 percentile of the observed distribution of the
15 -- of the air sample data. And based on what
16 we just looked at in the previous slide, oro-
17 nasal breathing does definitely increase the
18 dose per unit intake. That is, when you give a
19 certain intake, it's going to be higher for an
20 oro-nasal breather.

21 But -- and I'll talk about this in a little bit
22 -- the increase in the uncertainty of the dose
23 estimate, however, is extremely small. Just
24 keep that thought in mind. I'm going to go
25 through these two scenarios individually.

1 For bi-- when we -- we reconstruct doses using
2 bioassay data, this is almost exclusively the
3 way we approach internal dose at DOE
4 facilities, which is about 90 percent of our
5 cases, where if we -- if we don't have a
6 monitored worker, we'll use a coworker
7 distribution, oro-nasal breathing does not
8 increase the dose per unit excretion, which is
9 -- which is an interesting observation. Now
10 let me go through these two separately and I'll
11 -- I'll give you -- I'll fill in the details.
12 Here's an example of an air sample
13 distribution. I believe this is the Bethlehem
14 Steel facility; I'm not 100 percent certain but
15 that 553 MAC sure rings a bell. I think that's
16 -- that's Bethlehem Steel. The distribution
17 here is a lognormally distributed distribution
18 of -- of data points. As I mentioned, we
19 typically would go up here to the 95
20 percentile, which is 553 MAC. That's somewhere
21 in the range of 40,000 dpm uranium per cubic
22 meter. Whereas if you look at the -- this
23 would be -- the Z score of zero would be the
24 median value of this distribution, and that's
25 somewhere in the neighborhood of a couple of

1 hundred. So we're way out here assigning this
2 worker's dose. And in fact the geometric
3 standard deviation on this distribution is
4 somewhere around eight. It's huge. There's a
5 large spread in the data. Those of you who
6 work with geometric spreads know a GSD of eight
7 is -- is huge. It's essentially -- the data --
8 at one standard deviation is times eight and
9 divided by eight. That's the range for one
10 standard deviation.

11 As I said, we use the 95th. They have a --
12 these distributions typically have a very large
13 geometric standard deviation. We assume the
14 exposure for the entire work shift. We don't
15 take out any -- we don't make any allowance for
16 lunch breaks, you know, coffee breaks, smoke
17 breaks, anything of that nature. And this says
18 at Simonds Saw and Steel the GSD was 8.37. I
19 think that might have been Bethlehem Steel, but
20 either way, it's -- it's one of -- it's a
21 representative facility.

22 We went and looked at a study that Wesley Bolch
23 did of the estimated geometric standard
24 deviation for the -- for lung deposition,
25 including mouth breathing. In other words, how

1 -- how variable is the deposition in the lung
2 for the entire ICRP-66 model, including the
3 deposition in the lung due to mouth -- the
4 variability due to mouth breathing. And he
5 came up with a GSD of about one and a half. So
6 remember, the GSD on the air sample data is --
7 is over eight. The GSD on the overall
8 distribution for the lung model is one and a
9 half.

10 So if you propagate that uncertainty -- in
11 other words, we're trying to get to the upper
12 end of the -- the 95th percentile of the
13 distribution of air samples, you propagate that
14 additional one and a half GSD in with the GSD
15 of eight, you increase the overall uncertainty
16 at the upper end by 6.5 percent. It's a very
17 small percentage in increase. In fact, in this
18 particular example the increase in the
19 uncertainty results in a minimal increase in
20 the intake of the 95th percentile. It's
21 equivalent to a worker taking a 40-minute
22 break, so in other words, it's not making a
23 huge difference.

24 **MR. GRIFFON:** Just -- I -- I follow your
25 example. Is that a representative example,

1 though? The GSD of eight seems extr-- on your
2 extreme side.

3 **DR. NETON:** I'd say when we --

4 **MR. GRIFFON:** Usually like three, don't you?
5 Or is...

6 **DR. NETON:** For air sample data, when we use --

7 **MR. GRIFFON:** Air sample data, is that what --

8 **DR. NETON:** -- (unintelligible) I don't think
9 so.

10 **MR. GRIFFON:** -- that spread for all these
11 things?

12 **DR. NETON:** I can't say for certain that
13 they're all eight, but they're all pretty
14 large, and it's not -- it's greater than three.

15 **MR. GRIFFON:** Okay. I mean I follow this
16 example, but I wonder if it's representative of
17 everything we're looking at, so...

18 **DR. NETON:** We're going to -- as I mentioned,
19 we're going to write this approach up in a --
20 in a Technical Information Bulletin that I'm
21 sure the Board would -- as part of the process
22 -- the review process, ask SC&A to -- to take a
23 look at, but we're prepared to formally
24 document this at this point.

25 Now the interesting thing, and this just

1 occurred to me one night, was when you're using
2 bioassay data, it's different. Because if you
3 think about it, you can only -- what comes out
4 in the urine is directly proportional to how
5 much was deposited in the lung and became
6 suspended. So what we did was we took ICRP 54
7 biokinetics with type S uranium -- I'm not sure
8 why that says Y -- and -- and looked at the
9 excretion rate for a light worker who's a nasal
10 augmenter. And sure enough, his excretion very
11 quickly went down and became consistent -- it
12 was a consistent ratio between the nasal
13 augmenter and the mouth breather consistently
14 over time, which was quickly stabilized at
15 about two and a half, which is directly related
16 to the amount of dep-- difference in the
17 deposition. It makes intuitive sense, but
18 unless you think about this in the right terms,
19 you wouldn't necessarily think about -- so what
20 this -- it really means, then, is that it's
21 self-correcting. Whatever comes out in the
22 urine, you -- you use to estimate your intake.
23 You will -- you will end up with a higher
24 intake because you're -- you're correcting it
25 for the difference in the amount that's coming

1 out in the urine. So this is interesting.
2 So this means that the -- the oro-nasal
3 breathing issue, when you relay on bioassay
4 data, doesn't really come into play. It's
5 self-correcting, based on interpretation of the
6 bioassay data, which was a -- kind of an
7 interesting realization on our part.
8 So in conclusion -- on this one issue, at least
9 -- we believe the 66 lung model's acceptable
10 for use in dose reconstruction as it is. When
11 using air sample data the increase in the 95th
12 percentile is small compared to GSD of air
13 samples. And I agree with Mark, we need to
14 demonstrate that this is more universally
15 acceptable than just the one example I
16 provided, but I do believe it will come out
17 that way.
18 And the second point is that if we're using
19 bioassay data, the increase in the urinary
20 output compensates for the increase in dose so
21 that it comes out in the wash.
22 Okay, that's what I had to say on oro-nasal
23 breathing.
24 We'll move on to a -- even a simpler issue, I
25 think, and that is the -- it -- it came to our

1 attention that thoriated welding rods -- well,
2 we've known this all along, that welding rods
3 have thorium in them, but we hadn't been
4 including them in dose reconstructions. And
5 the question logically came up: Well, why not?
6 And so we did a quick analysis of this and -- a
7 little bit of background first.

8 Thor-- thorium is used in tungsten inert gas
9 arc welding. They're at -- the electrodes
10 starting about 1951. And it's about one to two
11 percent thorium by weight in -- in these rods.
12 And you've got the entire natural spectrum of
13 thorium in there -- thorium-228, 230, 232. The
14 ratio of thorium-232 is less than .2 -- this is
15 important dosimetrically. The ratio of
16 thorium-228 to 232 ranges anywhere from .4 to
17 one.

18 Well, fortunately the NRC had recognized this
19 early on and did some analysis of this, so we
20 took advantage of their -- of their effort.
21 And by and large, our -- our analysis is based
22 on the work that was done in NUREG 1717. In
23 that analysis they evaluated dose from
24 inhalation during direct current welding in
25 four different studies, and the average annual

1 intake estimated from those studies was about
2 ten picocuries of thorium, with a committed
3 dose to bones and lungs of, as you see there,
4 three and six millirem -- pretty small dose.
5 That's a 50-year dose, not -- not the annual
6 incremental dose.

7 They also said well, not only do workers
8 receive exposure from direct welding, they also
9 receive exposure from grinding the tips.
10 Apparently when you're doing welding you have
11 to grind your tips to, I don't know, sharpen
12 them or something. I'm not -- I've never done
13 this, but there was a grinding exposure pathway
14 that they evaluated. And in their model they
15 assumed grinding for one minute per hour for
16 1,000 hours, which generated .3 picocuries per
17 cubic meter dust loading or air -- air loa--
18 air concentration. And the committed dose to
19 bone and lungs was -- was somewhat similar to
20 that from the direct welding, two millirem to
21 bone and three millirem to lungs.

22 Based on this analysis, NRC has -- has exempted
23 thoriated rods from licensing. The dose was
24 considered to be too small to consider to be
25 hazardous enough to worry about having a

1 license to control this use -- this -- this
2 process.

3 They did also look at the dose to non-welders.
4 In other words, you have people in the
5 environment of these welders. And as you
6 expect, the dose from people in the vicinity of
7 these welding operations was -- was much less
8 than one-third to that of the welder. So not
9 only was there not a problem with the welders
10 themselves in grinding the tips, but the people
11 in the general environment of the welding as it
12 occurred.

13 So -- so based on this analysis, the annual
14 dose -- we also want to point out that these
15 are 50-year committed doses, and very rarely do
16 you end up with a 50-year dose applied in our -
17 - our dose reconstructions because we take from
18 the day of the first employment to date of
19 cancer diagnosis, and we do annual doses. So
20 these would be parsed out over annual
21 increments, so those annual doses would be much
22 less than these two, three-millirem committed
23 doses.

24 And so for chronic exposure over 50 years, the
25 annual dose approximately equals a CEDE, which

1 would be less than ten millirem over any given
2 year. So when we do an overestimate of a dose,
3 the increase in dose would be trivial. For a
4 best estimate, the dose is small and certainly
5 within the range of uncertainty we assign for
6 these which is typically a GSD of three.
7 So we feel that this exposure pathway is -- is
8 not a significant exposure pathway that -- that
9 needs to be considered in the dose
10 reconstructions for -- for workers in this
11 program.

12 And I think with that, that concludes my formal
13 remarks, but I'd be happy to answer any
14 questions.

15 Dr. Lockey?

16 **DR. ZIEMER:** Use the mike, Jim, please.

17 **DR. LOCKEY:** It's a fascinating presentation.
18 I wanted to ask you about the -- the cancers.
19 When you looked at bone, what -- what were you
20 looking at when you looked at bone? Is that
21 primary bone or is that metastatic bone, or a
22 combination?

23 **DR. NETON:** See, bone cancer -- metastatic bone
24 is -- is covered under this program, is it not?
25 That's right, so it's a combination.

1 **DR. LOCKEY:** So that's not -- that -- that may
2 be -- represents mostly metastatic rather than
3 primary bone cancer?

4 **DR. NETON:** I can't answer that. I don't know.

5 **DR. LOCKEY:** And under -- under -- on your last
6 page, I was looking at that. You have urinary
7 cancers -- urinary organ, excluding bladder.
8 Is that -- is that kidney and prostate under 18
9 rank, 18? That's on your very last page.

10 **DR. NETON:** Yeah. Yeah.

11 **DR. LOCKEY:** So that's kidney and bladder.
12 Correct?

13 **DR. NETON:** No, bladder is down here -- it's
14 got its own model --

15 **DR. LOCKEY:** Or kidney and prostate, that's
16 kidney and prostate.

17 **DR. NETON:** No, pros-- prostate is included in
18 all male genitalia. That's category number 24.
19 Those are lumped together as one.

20 **DR. LOCKEY:** Okay, so 24 is prostate and 18 is
21 then -- I -- I assume that's just kidney.
22 Right?

23 **DR. NETON:** Kidney, correct.

24 **DR. LOCKEY:** Okay.

25 **DR. NETON:** I mean it may be ureter, I'm -- I'm

1 really not certain. I could get that for you,
2 though. Whatever those ICD-9 codes -- well,
3 it's actually ICD-9 code -- whatever's ICD-9
4 code 189, which I assume is kidneys.

5 **DR. LOCKEY:** Very good. Thank you.

6 **DR. NETON:** Uh-huh.

7 **DR. ZIEMER:** Gen Roessler?

8 **DR. ROESSLER:** Jim, I'm on the list of cancers
9 also, and you listed the three different types
10 of leukemia, and then one category just said
11 leukemia.

12 **DR. NETON:** Right.

13 **DR. ROESSLER:** I don't --

14 **DR. NETON:** That's -- when -- if the diagnosis
15 comes over and we can't tell one of the three
16 types, there is a general leukemia risk model
17 that we would apply.

18 **DR. ROESSLER:** So then for leukemia, you'd just
19 add all those categories together.

20 **DR. NETON:** That would be total leukemias,
21 that's correct.

22 **DR. ROESSLER:** All right. I understand then.
23 Okay.

24 **DR. NETON:** Yeah. Interesting -- I didn't
25 point this out, but under all male genitalia,

1 that includes prostate cancer, and I would -- I
2 would venture to guess that it's mostly
3 prostate cancer in those numbers. And there
4 are a total of 1,800 out of the 12,000 cases
5 that we received were prostate cancer cases,
6 and the compensation rate is not zero. It's
7 two -- 2.7 percent in that category. I -- I
8 did -- I did point out but I think I had on my
9 slide, there's a couple of cancers that are
10 still at zero percent. I think it was ovaries
11 and female genitalia. But those are -- those
12 are also based on small numbers, if you look at
13 -- oh, yeah, 57 ovary case-- ovary cancer
14 cases.

15 **DR. ZIEMER:** Jim.

16 **DR. MELIUS:** Yeah, I have a comment and -- and
17 -- and then a question. I -- I read your
18 report to the Senate about the -- the list of
19 cancers, and -- and I was disappointed in the
20 report in the -- to the extent that you real--
21 I don't think you really sort of provided the
22 proper explanation and -- for -- so what is
23 radiogenic, 'cause it's -- 'cause radiogenic
24 really has to do with the nature of the
25 exposure. So even if you look at your current

1 list, I believe oral cavity, pharyngeal cancer
2 is not a -- considered to be a radiogenic
3 cancer, but you're compensating I think tw--
4 over 20 percent of them. It has to -- I think
5 it's a -- a -- I won't say an artifact, but
6 it's the nature of the exposures in -- in
7 different facilities. And unfortunately when
8 we ap-- apply this general list to facilities
9 that are so diverse in terms of exposures that
10 there are situations where that list may not be
11 the appropriate list or there may be cancers
12 that are overcompensated, so to speak, or
13 undercompensated, be-- simp-- simply because --
14 partic-- the nature of the exposures in that
15 facility would -- would tend to in-- involve
16 cancers like, you know, oral cavity and -- and
17 pharyngeal that aren't on that list. There
18 would be a higher risk for them because
19 radiogen-- I mean radiogenic is -- you know,
20 how do you define it? And --

21 **DR. NETON:** Well, radiogenic -- the definition
22 of radiogenecity has nothing to do with the
23 number of cancers. I guess I'm confused by
24 your comment. I mean it's rea-- if -- we -- we
25 took it from the perspective is -- is there

1 scientific evidence in these epidemiologic
2 studies that indicate the cancer itself is
3 caused by ionizing radiation.

4 **DR. MELIUS:** Right, and -- and --

5 **DR. NETON:** In fact, many cancers on the list -
6 - we don't know. We did not make the original
7 list. That was a list that was provided to us
8 in the Act, if you recall.

9 **DR. MELIUS:** No, I -- I recognize that, but the
10 -- it -- it's an artifact of -- of what's in
11 the literature that was used to generate the --
12 the initial list, and --

13 **DR. NETON:** Well, I'm not sure --

14 **DR. MELIUS:** -- and I think if you read the
15 more -- more recent -- most recent BEIR report,
16 I think there's an explanation for that and --
17 and how -- how it is in essence an artifact.
18 I'm not saying that -- that you can do
19 something necessarily different 'cause I think
20 it's hard, because you have such a diversity of
21 sites out there. But I think there should be
22 some ex-- explanation for the -- you know, some
23 of the shortcomings of applying that kind of a
24 list to -- to the -- to the DOE and A-- AWE
25 facilities and -- to that. I mean it's like --

1 it's sim-- simple, you know, you take the same
2 -- the same thing if you look at, you know, the
3 BEIR report, whatever. I mean there's lim--
4 limited amounts of scientific information for
5 particular exposures -- scenarios and -- and --
6 or types of exposure and -- and we just -- you
7 know, there's only so much you can say and then
8 --

9 **DR. NETON:** (Unintelligible)

10 **DR. MELIUS:** Yeah.

11 **DR. NETON:** I -- I would point out that -- you
12 know, you raise a good point, that there are
13 cancers that are often considered not
14 radiogenic that are being compensated in this
15 program at a fairly high rate.

16 **DR. MELIUS:** Uh-huh.

17 **DR. NETON:** I believe that's more an artifact
18 of the compensation rate being decided at the
19 99th percentile more than anything. In fact,
20 if you look at the central estimate of the risk
21 model for many cancers on this program, it's
22 very near zero. It could even be negative at
23 the best estimate, and still be paid some value
24 -- some positive value at the 99th percentile.

25 **DR. MELIUS:** Yeah, and --

1 **DR. NETON:** I think that's -- that's part of
2 the (unintelligible).

3 **DR. MELIUS:** Well, I think -- I think that's
4 another factor, and I -- I just -- wanted to
5 just argue is you should have explained that in
6 your report --

7 **DR. NETON:** (Unintelligible)

8 **DR. MELIUS:** -- 'cause I don't think that's the
9 -- the impression that -- and -- and I don't
10 think it explains the discrepancy between the
11 rate at which you're compensating particular
12 cancers and -- and what's on that, you know,
13 so-called radiogenic list.

14 **DR. NETON:** I appreciate the feedback.

15 **DR. MELIUS:** Yeah, it's -- it's a comment.
16 Take it for whatever.

17 I also have a question, and that's -- I believe
18 at one point you were working on a model for
19 CLL.

20 **DR. NETON:** Yes.

21 **DR. MELIUS:** And I'm -- what's the status of
22 that?

23 **DR. NETON:** Right, I -- we -- we are -- we are
24 -- we're in the development stage of that
25 model. We actually have a version of IREP -- a

1 test version with a model that we -- we've
2 developed and are examining it for -- to see if
3 it makes sense, to use a non-scientific term.
4 And I hope that we can report on that in the
5 near term, but it's not going to be quick,
6 probably be six months down the line, somewhere
7 in that ra-- we -- we have gone out and -- and
8 polled the scientific community, five subject
9 matter experts like we normally do, as to
10 should chronic lymphocytic leukemia be -- be
11 considered as -- as a radiogenic cancer. We
12 have that information back. We've evaluated it
13 with sufficient information -- feedback from us
14 to go to see if we should -- could develop a
15 risk model. This is about as far as I can go
16 with it, but -- until we can get the risk model
17 tweaked and have a definitive model that
18 appears to work, we can't go any further.

19 **DR. MELIUS:** Am I over-interpreting, but are --
20 so you -- you have decided that you will -- you
21 are developing the risk model.

22 **DR. NETON:** There are two things that have to
23 happen for us to put CLL on the -- on the -- to
24 recommend adding it to the list, and that is,
25 is it potentially radiogenic; and if -- if we

1 believe it is, is there a credible risk model
2 that can be developed to (unintelligible) --

3 **MR. ELLIOTT:** Well, let me make a correction
4 here. We're not -- we're not asking the
5 subject matter experts if it's radiogenic.
6 We're asking can we put together -- can we
7 develop a risk model that makes sense and is
8 scientifically defensible. Okay? The risk
9 model could be done and it -- and it -- have
10 real low risk coefficients, and that's -- you
11 know, maybe that's the way it'll come out. So
12 we're -- that's what we're looking at. We're
13 not -- we're not asking subject matter experts
14 to determine the radiogenecity. We're asking
15 can we develop a risk model that is
16 scientifically defensible.

17 **DR. NETON:** And one -- I'm sorry -- I mean
18 Larry's right, I mis--

19 **DR. MELIUS:** Yeah, no, tha-- tha-- tha-- and
20 it's a question of -- of the amount of data, so
21 I mean --

22 **MR. ELLIOTT:** Yes, the amount of data --

23 **DR. MELIUS:** -- (unintelligible) BEIR has a --

24 **MR. ELLIOTT:** -- is at issue.

25 **DR. MELIUS:** Yeah, BEIR has a number of risk

1 models for non-radiogenic -- so-called
2 radiogenic --

3 **MR. ELLIOTT:** Right, right.

4 **DR. MELIUS:** -- cancers, so --

5 **MR. ELLIOTT:** So that -- that's the -- that's
6 the prime issue.

7 **DR. MELIUS:** Yeah.

8 **MR. ELLIOTT:** Do we have enough data to develop
9 risk coefficients from.

10 **DR. ZIEMER:** Yes, so built into that is the
11 issue of having a risk coefficient, which means
12 that there's some kind of a risk estimate
13 that's based on some data. So sort of
14 inherently -- I think one might argue that if
15 you can show that there's a risk coefficient
16 which says that there's a relationship between
17 cancer and dose, that that might argue for
18 radiogenecity.

19 **DR. MELIUS:** Well, it's not -- it's not how
20 it's done. I would simply (unintelligible) --

21 **DR. ZIEMER:** Well, it's not how it's done, but
22 I think Larry is saying --

23 **DR. MELIUS:** Yeah, yeah --

24 **DR. ZIEMER:** -- without a risk coefficient, we
25 don't have a model to use. And --

1 **DR. MELIUS:** Yeah, yeah, I (unintelligible) --

2 **DR. ZIEMER:** -- and a risk coefficient implies
3 that relationship, yeah.

4 **MR. ELLIOTT:** So what will happen next, if we
5 determine we have a viable risk model?

6 **DR. MELIUS:** Uh-huh.

7 **MR. ELLIOTT:** We would put forward a rule-
8 making change and seek the Board's involvement
9 in that.

10 **DR. MELIUS:** Okay, I --

11 **MR. GRIFFON:** Can I --

12 **DR. ZIEMER:** Mark (unintelligible) --

13 **MR. GRIFFON:** Just a little -- just a little
14 clarification on -- on -- I guess process on
15 that. Do you -- you have a -- a draft model
16 that was developed, or -- or you're asking
17 experts whether a draft model -- a model can be
18 developed? I'm not sure -- do you have a draft
19 model in hand? Was it developed by maybe SENES
20 or -- or --

21 **DR. NETON:** We have various models in
22 development. I mean there's not just one.

23 **MR. GRIFFON:** And -- and are the--

24 **DR. NETON:** It's complicated because, you know
25 --

1 **MR. GRIFFON:** Yeah.

2 **DR. NETON:** -- what is the target organ, also,
3 for chronic lymphocytic leukemia? The medical
4 literature --

5 **MR. GRIFFON:** Right.

6 **DR. NETON:** -- is very unclear. Is -- is it --
7 is it a cancer that originates in the -- in the
8 bone marrow system itself, or is it a cancer
9 originates in the lymph system? I mean there -
10 - it's just -- it's not very well-defined and
11 we're learning that.

12 **MR. GRIFFON:** Yeah, but -- but -- and the
13 experts are -- are being asked to -- just a
14 broad set of questions, or are they -- are they
15 actually reviewing a draft model --

16 **DR. NETON:** No, no, not --

17 **MR. ELLIOTT:** They're not reviewing a draft
18 model.

19 **MR. GRIFFON:** Right now they're just being
20 asked the broad questions.

21 **DR. NETON:** That's right.

22 **MR. ELLIOTT:** Right now they've been asked is
23 there enough data to support development of a
24 risk model and risk coefficients therein.

25 **DR. ZIEMER:** Thank you. John Poston.

1 **DR. POSTON:** Jim, can you say a little bit more
2 about the DDREF? It seems to me, maybe I'm
3 wrong, that if you apply DDREF, then the
4 estimated doses are going to go down. And you
5 know, while I'm all for scientific accuracy and
6 so forth, but we always hear the word
7 compensable and -- and so forth used when we're
8 doing these evaluations, and so I'm a little
9 confused as -- why --

10 **DR. NETON:** It's not --

11 **DR. POSTON:** While I welcome that, I'm still a
12 little bit confused when we're trying to be
13 compensable.

14 **DR. NETON:** It's -- it's not that we're trying
15 to find whether we should or should not use a
16 DDREF. It's what is the distribution that
17 should be applied to it. In other words, you
18 know, there's a central -- there's a central
19 estimate that's applied, and I honestly can't
20 remember off the top of my head right now what
21 it is, and there's a certain -- there's an
22 uncertainty range put about that. SENES has
23 gone and looked at the more recent literature
24 to determine, you know, are there more credible
25 values that could be included in this

1 uncertainty distribution, and the jury is still
2 out. We don't know whether it would tend to
3 move the central estimate lower or higher, but
4 -- but we're looking very closely at it. And
5 there's also a unique twist to this in the
6 sense that -- no one's looked at it from this
7 perspective before -- there's a -- there's some
8 connection between RBE and radiation
9 effectiveness factors that -- you know, they
10 almost are -- are looking at the same issues,
11 and we're trying to tease that out a little
12 bit. You know, as you go down in energy, the
13 RBE seems to go up, the REF goes up and is that
14 really a DDREF issue or is that a radiation
15 effectiveness factor issue and -- and we're
16 looking at that very closely and -- and we'll
17 see where we -- where we land on this.

18 **DR. POSTON:** (Off microphone) (Unintelligible)

19 **DR. NETON:** Yeah, the DDREF that we developed
20 is unique to this program. I mean it's --

21 **DR. POSTON:** Well, I -- I commend you for
22 trying that. But as you well know, the RBEs
23 for even a single type of radiation vary maybe
24 up to a factor of 100, and the RBEs are wei--
25 radiation weighting factors are just chosen as

1 sort of -- some median position in the
2 distribution.

3 **DR. NETON:** Well, we've developed our own
4 unique distribution for every radiation type in
5 this program.

6 **DR. POSTON:** And the DDREF is also distributed
7 some way that you -- and are you going to look
8 at individual organs or you -- how are you
9 going to -- I mean --

10 **DR. NETON:** I don't think --

11 **DR. POSTON:** -- how far are you going to break
12 this thing down?

13 **DR. NETON:** I -- I hear you. I don't think we
14 can go down to the individual organ level, but
15 -- but, you know, we're trying to figure out
16 what the literature says. I mean that's what
17 we do. We look back and developments and the
18 literature and see what it tells us.

19 **DR. POSTON:** Well, the other question or
20 concern I have is, you know, in -- in our
21 control approaches we look at 50-year committed
22 dose and you've -- you're doing annual doses.
23 And so, again, that's another factor that may
24 just muddy the water completely.

25 **DR. NETON:** Yeah.

1 **DR. POSTON:** Be interesting to see. Thank you.

2 **DR. ZIEMER:** Mark?

3 **MR. GRIFFON:** Just -- just -- I think this is
4 the last one, Jim. You -- you mentioned in
5 your first slide smoking adjustment for lung
6 cancer. I can remember a workgroup meeting --
7 I think it was the first Mallinckrodt workgroup
8 meeting -- where I asked about adjusting the
9 other way for -- ICRP-60 does have some
10 statements about adjustments for -- I think
11 they -- I forget the -- what they call the
12 factor, but their -- they question as to
13 whether smokers would retain materials in the
14 lung longer, and it's not intuitively obvious,
15 at least to me, whether that's going to
16 increase dose or decreases 'cause there's a
17 couple of competing factors there. But there
18 are some factors suggestive of ICRP-60 on
19 adjusting that retention in the lung because
20 you -- you -- of smoking experience, rather
21 than adjusting on the epi side. I understand
22 that's what you've looked at, and have you
23 looked at the IMBA --

24 **DR. NETON:** No, we haven't (unintelligible) --

25 **MR. GRIFFON:** -- the internal dose side at all,

1 and I -- if -- if not, I would suggest we might
2 want to look at that.

3 DR. NETON: You know, I honestly don't recall
4 that issue, but I'm sure it did, I
5 (unintelligible) --

6 **MR. GRIFFON:** I brought it up. Dave Allen
7 brought ICRP-60 into the meeting, actually, and
8 we -- we talked about it briefly, but we never
9 sort of --

10 **DR. NETON:** It's certainly an interesting issue
11 to look at. We haven't -- we haven't looked
12 at that at all, though.

13 DR. ZIEMER: Other questions, comments?

14	(No responses)
----	----------------

15 Jim, thank you very much for a very interesting
16 update. We look forward to the outputs from
17 some of these.

18	NIOSH WEB SITE UPDATE
----	-----------------------

19 Next we'll go to NIOSH web site update, and
20 Chris Ellison is going to tell us what's
21 happening there. Chris?

22 MS. ELLISON: Good morning.

23 DR. ZIEMER: Good morning.

24 MS. ELLISON: I believe it's been a while since
25 I've given a presentation on the web site, so I

1 know this morning there are some issues that
2 you all would like to have addressed regarding
3 transcripts and minutes. But before we get
4 into that, I -- I know that there's some new
5 Board members and I don't think we've ever done
6 any web site tips and tricks for anyone
7 recently, and the web site seems to be growing
8 by leaps and bounds so let's spend a few
9 minutes to go over some navigation things for
10 you all to hopefully help you find things on
11 the web site.

12 You should have received in your packets a
13 handout, and it's what's up here on the screen.
14 And I put this together for you all to -- to
15 give you somewhat of an idea of how to navigate
16 through the web site, and I think it's best if
17 I -- I try to show you some of this.

18 Just to point out the magnitude of the
19 information on the web site, currently there's
20 126 individual web pages on our web site. And
21 from the time I had put this document together
22 -- at that time we had just under 2,000 PDF
23 documents. That number's now right around
24 2,002, 2,003, and it's going to jump again
25 today. And of those, currently there's about

1 419 of those deal with Board activities. That
2 includes your minutes, your transcripts, SC&A
3 documents and those sort of things that I've
4 lumped together in that number.
5 Something else that's new with the web site,
6 and I hope that you all are receiving these --
7 we've started a notification system. And each
8 time the web site is updated, I send out an e-
9 mail notification letting people know what page
10 has been updated and then I tell you what
11 section on that page has been updated and the
12 information that's new, or what has changed.
13 And you don't have to tell me now, but if
14 you're not receiving those messages for some
15 reason, please let me know because I think
16 that's vital to what you do to receive that
17 information on what's being updated. So -- and
18 then the other thing, just to let you know how
19 I work the web site, information that is
20 submitted to me -- I do try to get it up and
21 posted on the web site that day. I can post
22 things anywhere up to about 2:30 in the
23 afternoon, so -- and it -- once I get done with
24 my job, I have to push it on to -- to be
25 updated, so...

1 Now the rest of that packet that I have given
2 you, it contains some tips and tricks on
3 recommended pages. And forgive me, the version
4 that I have on my laptop is running off of a CD
5 because they could not provide me with a land
6 line for the internet, so mine is not quite up
7 to date, but I have as much of the web site as
8 I could load on my CD.

9 One thing that's important to know with the web
10 site, and I hope you all kind of figured this
11 out, is our navigation system. And if you
12 look, it's up on the right side of the screen,
13 each page has three sections to the navigation
14 system. It always has this section here at the
15 top that says "on this page," and that'll tell
16 you the topics that are on the page you are
17 currently on.

18 The next section to the navigation bar contains
19 the claimant corner, and we've kind of put
20 together information in that section of the
21 navigation bar that we think the claimants are
22 interested in, their claim information, some
23 commonly-used acronyms and those sort of things
24 that we think that thi-- this is the top order
25 of what the claimants might want to come to our

1 web site for.

2 And then down below, on the navigation bar's
3 third section -- which is quite lengthy and
4 it's just the overall directory. The Advisory
5 Board link is on there under that section, and
6 there are some -- some links that are in both
7 the claimant corner and down there on the OCAS
8 directory. We just wanted to make sure people
9 find the information that they need.

10 And now on to some of the -- the pages of
11 interest. One of the things that I think
12 you're most interested in is finding
13 information on specific work sites. I believe
14 it was up until somewhere around the end of
15 2005, if you wanted to find a site profile, a
16 technical information document -- TIB, TBD --
17 you had to go to the page on technical
18 information documents. If you wanted to find
19 something out on an SEC on a site, you had to
20 go to the SEC page. Something that we've
21 created -- and they're fairly new, but I'm
22 hoping the -- the use of them gets picked up.
23 Under the claimant corner there is a link
24 called list of work sites. I highly recommend
25 that -- if you're looking for information on a

1 site, that you go to that link.

2 If you go to the SEC page, if you go to the
3 technical documents used in dose reconstruction
4 page, you're going to find information -- these
5 same links, and they're all going to link you
6 to what we call our site pages. The difference
7 in -- and this list is most comprehensive, and
8 the difference between it -- there are some
9 sites that we only have SEC information on.
10 There are some sites that have both technical
11 documents and SEC. If you go to those site
12 pages, you're going to find all the information
13 that we have developed on those sites. If SC&A
14 has done a technical report on a document
15 pertaining to a site, it's going to be on those
16 site pages.

17 For instance, let me go to one -- let's pick a
18 good one.

19 **UNIDENTIFIED:** (Off microphone)

20 (Unintelligible)

21 **MS. ELLISON:** I'm sorry?

22 **UNIDENTIFIED:** Rocky Flats.

23 **MS. ELLISON:** Rocky Flats, I can go to Rocky
24 Flats. And again, on this page you're going to
25 see up there where it tells you "on this page,"

1 you're going to find site profile, if there's
2 any TIBs the TIBs will be there. The Program
3 Evaluation Reports or the Program Evaluation
4 Plans, worker outreach activities, comments on
5 the Rocky Flats documents -- I'm going to bump
6 there real quick -- and if you look there at
7 that third bullet, there's the information that
8 SC&A has presented on Rocky Flats. So it is
9 also located on that page.

10 I was trying to think what else. Some -- I --
11 I receive comments about the web site, and I
12 know one of the things that people are having
13 issues finding, if you look -- if you look
14 right here under -- this is back on the list of
15 web sites page. If you look back here under
16 AWE site-wide documents, the -- the TBD-6000
17 and 6001, those are not specific to a site.
18 Those are specific to Atomic Weapons Employers
19 in general, so there are the links to those
20 documents.

21 If you're familiar with those documents, they
22 have a lot of appendices. The appendices cover
23 individual sites. For instance, GSI is one of
24 them. If you look on this list of work sites,
25 it is also listed. It will take you to that

1 document and you can scroll down to the
2 appendices. So if you're looking for site
3 information, I highly recommend using the list
4 of work sites pages. Like I said, those --
5 those individual work site pages will get you
6 to all that information I think you might be
7 looking for.

8 Also another alternative for you is -- my
9 little mouse doesn't want to work -- it's
10 either in the claimant corner section or you
11 can also find this link down lower on the OCAS
12 directory. We have a help A to Z. And again,
13 if you want to find something on GSI -- I'll
14 keep picking on it -- it should be on there,
15 and that will get you back to the GSI page.
16 TBD-6000 and 6001, I clicked on U for uranium,
17 'cause that's what those documents talk about,
18 and here is the link again to those documents.
19 So -- also the help A to Z page will get you I
20 think to where you want. But again, I would
21 highly recommend those individual site pages.
22 Any questions on any of that real quick before
23 I --

24 **DR. MELIUS:** I'd like to --

25 **MS. ELLISON:** -- trudge along?

1 **DR. MELIUS:** I would just point out that the
2 individual site pages are not complete and --
3 good example is Blockson, which we've been
4 talking about in the last few days. The SC&A
5 report is not available. It's only available
6 on the Advisory Board page.

7 **MS. ELLISON:** And which document would that be?

8 **DR. MELIUS:** Well, if you go to the Advisory
9 Board page, you'll find a document which is the
10 SC&A review of the Blockson.

11 **MS. ELLISON:** Right there it is, the top one,
12 possibly, comments from Sanford Cohen &
13 Associates?

14 **DR. MELIUS:** Okay, I stand corrected then.

15 **MS. ELLISON:** I'm sorry. I'm telling you,
16 things are in so many different places, it --
17 it's hard to keep track, even for me, but I do
18 try to remember where I place everything. And
19 I do know -- and most of them are under
20 comments on the -- the documents. There is one
21 page -- let me go to the Dow page real quick.
22 Dow Chemical Company -- most of these sites
23 have comments on -- Dow Chemical Company,
24 you'll see -- here we have documents related to
25 Dow Chemical. One of the issues when these

1 reports are done by SC&A, there was one that
2 was a focused review of operations and thorium
3 exposures at Dow Chemical Company, Madison
4 plant, was the title. It's not really a
5 comment on a specific document. It's not a --
6 it's a comment on a site profile, TBD, a TIB.
7 It was something else -- something related, so
8 it got put in a little bit different category
9 on that page, but it is also there.

10 Yes, ma'am?

11 **DR. ROESSLER:** The list of work sites is really
12 helpful, but what I've been doing is I ignore
13 the claimant corner list.

14 **MS. ELLISON:** Uh-huh.

15 **DR. ROESSLER:** I go down to the OCAS directory
16 and it's not there, so I've been going to help
17 A to Z. I think it would -- I know you want to
18 keep that short, but I think it would be good
19 to have it down under OCAS directory --

20 **MS. ELLISON:** And that's easy enough to do. We
21 can do that.

22 Let's see, what else would I -- all right,
23 we've kind of talked about -- in the packet
24 that I've given you, kind of talked about the
25 technical documents used in dose reconstruction

1 and how you can find those. Again, I strongly
2 urge that you use the site pages.
3 Advisory Board page is another thing I mention
4 in your little packet of information there.
5 Here Advisory Board page contains a lot of
6 information, and what I've done -- what we've
7 done recently is, with the transcripts and
8 minutes, the -- on your page are only things
9 currently from this year. If you scr-- if you
10 look down through that director, or the
11 navigation of "on this page," you're going to
12 find -- the charter is out there, and a list of
13 your members and how to contact the Board,
14 subcommittee and workgroup information, all of
15 your subcommittees and workgroup members and
16 things are listed there.
17 But then you come to the meetings, and that
18 takes up a large portion of the -- of this
19 page. And what we've done is only the -- the
20 meetings from the current year are posted
21 there. You have to go to some supplementary
22 pages to get to the other previous years. But
23 I've done that so that page is not humongous
24 'cause it's fairly large as it is.
25 On this page also you'll find the technical

1 support for the Board's review. That's the
2 contract information for SC&A. And then there
3 is also the section on the recommendations from
4 the technical support contractor is where I put
5 all of the SC&A reports, and I clicked on that
6 to get you down there.

7 One of the things I've done -- a while back,
8 and I'm sorry, I don't recall when I changed
9 the format for this -- they were listed by the
10 date that they were submitted or received, and
11 now I've kind of broken it down into categories
12 to hopefully make -- make it a little bit
13 easier. So it's a live and learn situation; as
14 things grow, things change. I'm just going to
15 scroll down through these, sorry, rather than
16 popping back up.

17 The next section on that page are the -- your
18 recommendations on SEC petitions. Again, these
19 are posted on your Advisory Board page and
20 again on the individual S-- work site pages, so
21 they're in both locations, wherever you're
22 trying to find them. And that's pretty much it
23 on that page.

24 The last thing in the handout I gave you is a
25 big table at the very, very end. And what --

1 what I have done is taken the navigation bar
2 and I've told you what section of the
3 navigation bar this item deals with. And then
4 I told you the page. I've given you the link
5 to that page, and then a little description of
6 the information on that page. In that
7 description, it's all those items that are on
8 the navigation bar on -- under this pa-- on
9 this page. So this kind of gives you a summary
10 of what's on all the main pages on our web
11 site.

12 Before I go on and discuss transcripts and
13 minutes, any issues about what's on there and
14 where and how to find it? Jim?

15 **DR. MELIUS:** Yeah, I think -- I would also
16 suggest that if we're going to have a
17 comprehensive page for each site, that it
18 really be comprehensive, that it include the
19 workgroup meetings for that site. It should
20 include, if there's a workgroup, the listing
21 for that workgroup. And then also the
22 transcripts from those workgroup meetings where
23 they -- they have been transcribed. Again
24 using Blockson as an example, the workgroup
25 meeting that we had today is not mentioned at

1 all. I mean --

2 **MS. ELLISON:** No.

3 **DR. MELIUS:** -- and now maybe that's a question
4 of -- because of scheduling and so forth,
5 though it was transcribed and so forth, we have
6 no -- no record of that.

7 I'd also suggest that we, you know, put all
8 things relevant to the SEC evaluation together,
9 things relevant to the site profile review
10 together so that people can go and -- do that.
11 I think the -- the other issue -- and I'm not
12 sure there's anything you can do about this --
13 is that if you try to use the search function,
14 you end up with a lo-- just -- (unintelligible)
15 information and it's -- the labeling is --
16 sometimes it's labeled by its web site, you
17 know, address. Sometimes it's a document --
18 you know, a long title that -- then cut off so
19 you have no idea of what's there and --

20 **MS. ELLISON:** And part of the reason for that -
21 - let me scroll back up here so people
22 understand what I'm referring to. If you look
23 at the very, very top of the web page, all the
24 area in the blue -- the CDC logo and -- and
25 items -- are -- are you referring to the search

1 that's up in that --

2 **DR. MELIUS:** Yes, says search NIOSH, and --

3 **MS. ELLISON:** And it tur-- it searches the
4 whole entire NIOSH site is the issue. I -- I
5 tested it and did a couple of searches -- and
6 I'm sorry, I'm not on line here --

7 **DR. MELIUS:** Yeah.

8 **MS. ELLISON:** -- to do it, but I know I typed
9 in like Hanford, and I think I typed in Y-12
10 and a couple of the other sites, and the first
11 thing for me that popped up was the individual
12 site page.

13 **DR. MELIUS:** Ye-- no, it -- it gets -- but then
14 it gets other stuff, too --

15 **MS. ELLISON:** Yes, it does.

16 **DR. MELIUS:** -- that actually may be helpful to
17 people.

18 **MS. ELLISON:** Right, right.

19 **DR. MELIUS:** You know, I mean -- and again, I
20 don't think you can put the section of each --

21 **MS. ELLISON:** No.

22 **DR. MELIUS:** -- Board meeting that reference,
23 you know, say Blockson or something --

24 **MS. ELLISON:** Right.

25 **DR. MELIUS:** -- in the site page, but -- but

1 it's -- it's a hard one. And again, I don't
2 know if there's something -- you know, if you
3 had a separate OCAS search, maybe it's better,
4 but it's also the -- I think -- I think the
5 nature of the technology that -- that you're
6 using, but I -- I think it's very important
7 that there be -- and I -- I think if there can
8 be some instructions on there, maybe there are,
9 just for the users that they -- again, this is
10 for people that are, you know, interested in
11 what's happening with a site are able to come
12 back, can't find it on one page, but let's make
13 it really -- really comprehensive and we'll
14 talk a little bit about the Privacy Act stuff
15 next 'cause I think that's another part of
16 that.

17 **MS. ELLISON:** Yes, it is, and -- and thank you
18 for that. There's one other thing you had
19 mentioned about the meetings and things and
20 that I didn't quite point out. The -- the
21 meeting-- the Advisory Board meetings are
22 listed on your Advisory Board page. Down under
23 the -- the OCAS directory section of the
24 navigation bar there's also a link to public
25 meetings. And again -- just to point out the

1 differences to you all on these two si-- two
2 pages and two sections, the Advisory -- the --
3 the meetings listed on the Advisory Board page
4 are obviously just those of the Advisory Board.
5 NIOSH does -- we -- we do conduct some public
6 meetings with workers and things, so that other
7 page does have a mix-- mixture of both Advisory
8 Board meetings and other meetings that might be
9 occurring. So just in -- in case you're
10 wondering about that.

11 Any other issues with navigation and where you
12 find things?

13 **DR. WADE:** Chris, in terms of --

14 **MS. ELLISON:** Yes.

15 **DR. WADE:** -- Dr. Melius's desire to see that
16 on the site page you would find the workgroup
17 identified and workgroup meetings, that's very
18 doable.

19 **MS. ELLISON:** That-- that's pretty easy to do.
20 We can -- we can work on that.

21 **DR. ZIEMER:** Just a cross-link.

22 **MS. ELLISON:** Yeah, yeah, that-- that should be
23 no problem and I wrote it down.

24 Okay, I'm going to move on then to the other
25 issue at hand. I know it's a burning desire

1 for some of you there, the transcripts issue.
2 And -- and just to give you a little bit of
3 background on this, and I think -- did Zaida
4 provide you all with a --

5 **DR. WADE:** Yes, everybody should have the
6 matrix of transcripts.

7 **MS. ELLISON:** -- should be a spreadsheet on
8 this. To give you a little background of where
9 this started and what's currently occurring
10 with the transcripts and minutes, I believe it
11 was towards the end of May the NIOSH Privacy
12 Act office determined and decided that the
13 minutes and transcripts needed to be reviewed
14 and redacted for Privacy Act concerns. And
15 part of that stems from -- if you think about
16 it, we -- we try, and we're bound by Privacy
17 Act, to protect the privacy of our claimants
18 and also those SEC petitioners. During the
19 Board meetings you -- you address the
20 petitioners by name and call them up. They
21 speak, so their names are in the transcripts.
22 And even during some of the public comment
23 sessions individuals obviously give their name,
24 they talk about their health conditions, but
25 it's not only just that. They also talk about

1 other people's health conditions and things,
2 and those were in the transcripts so that is
3 stemming part of the concern by the Privacy Act
4 office and why they have now asked that these
5 things be redacted before we post them.
6 And one thing that does occur, when Ray
7 completes a transcript he does send an
8 electronic copy to me, but he does also send it
9 at the same time to the NIOSH Privacy Act
10 office, so they do get them at the same time.
11 It helps me keep track of what I'm waiting on
12 and that's sort of how this -- this spreadsheet
13 that you have in front of you was put together.
14 I do have some changes and updates for you, if
15 you don't mind -- yes, sir.

16 **DR. ZIEMER:** I'd like to get a few comments on
17 the Privacy Act issue. I for one don't
18 understand the ruling -- it seems to me it's a
19 defensive reflex on the part of the agency, but
20 the -- the open meeting is a public meeting,
21 and once something is public, I don't see why
22 it isn't public. People have revealed
23 themselves. If -- and -- and I know probably
24 it takes a full legal reading but this is not
25 unlike patent issues. If somebody in a public

1 meeting tells about their idea, they've lost
2 patent rights. It's public.

3 **MS. ELLISON:** Right.

4 **DR. ZIEMER:** It's too late. And why is this
5 any different from any public meeting. Our
6 transcripts would be in the public domain much
7 faster if the redaction wasn't done and, you
8 know, the Village Observer can sit here and
9 videotape --

10 **MS. ELLISON:** Right.

11 **DR. ZIEMER:** -- legally, and I think it was the
12 name of the group that was taping our
13 procedures (unintelligible) and put them on the
14 air. Or any news media person could do the
15 same.

16 **MS. ELLISON:** Right.

17 **DR. ZIEMER:** So I -- I would hope that that --
18 that decision at some point could be revisited.
19 I don't see how it serves us very well at all.

20 **DR. WADE:** I mean that's noted. What I can do
21 is I could have someone from the Privacy Act
22 office here -- not here, but at our December
23 call and have that issue explained and debated.

24 **MS. ELLISON:** Right.

25 **DR. ZIEMER:** Yeah, I -- I'm -- I think if you

1 act a Privacy Act person about that, I know
2 what the answer will be. I'm wondering from a
3 legal point of view if that were -- see, to me,
4 if I'm a Privacy Act person, their starting
5 position is that almost everything is private
6 and then we'll go from there. But this is a
7 public meeting, and the -- the information is
8 already in the public domain. A reporter could
9 be here and report it and so on.

10 (Unintelligible) it's just -- I'm sort of
11 asking about the logic of it and it concerns me
12 because now it seems to be a major bottleneck
13 in getting our transcripts available to people.
14 I don't know how the other Board members feel
15 about this, but I am certainly concerned.

16 Wanda, Jim.

17 **MS. MUNN:** I can see attributes on both sides
18 of the issue. The fact that this is a public
19 meeting means that anything that's said or done
20 in what we do is available to the public.
21 Whether or not it's actually placed in front of
22 the public eye is a different thing. And when
23 we have people talking, especially about case
24 reviews and case reports, and they frequently
25 do refer to their colleagues, other people that

1 they've worked with, I can see that we would
2 have no way of knowing whether those other
3 individuals have given their permission to have
4 their names and information put on the -- on
5 the record or not. Even though they're on the
6 public record, unless someone goes to our site
7 to look at the printed information afterwards,
8 they have to be actually present at the time in
9 order to see that data. Anyone who is not
10 present at the time has to go look it up. And
11 if -- if we become the channel through which
12 that information which was not agreed to is
13 made public on a much broader scale, then it
14 does rather put us in a questionable light.
15 Right?

16 **DR. MELIUS:** Yeah, I think what we need to seek
17 out 'cause I have some -- share some of the
18 concerns that -- that Wanda has, particularly
19 about the public comment period of the -- of
20 the meetings, and people -- or people not
21 understanding what -- what it means when they
22 get up at the microphone and speak, that --
23 that that's then going to be available very
24 widely and someone can look up their name on
25 the internet and, you know, find that --

1 whatever Joe Smith said, this or that, and has
2 cancer and, you know, insurance salesman comes
3 to their door the next day or something, which
4 isn't that far-fetched and I -- and so maybe
5 what could be worked out is I -- I think most
6 of the business parts of our meetings are --
7 this is not an issue and I think usually in the
8 Board -- in the way things are presented to us,
9 we're very careful about what we -- we -- we
10 say that -- and -- and we have lawyers in the
11 audience that -- that -- for our government
12 that -- who can, you know, maybe red flag if
13 there -- there is something that is
14 questionable. But maybe if the process was
15 split up so that the Board business meetings
16 could get onto the -- the web sooner and maybe
17 without review or with less review, and then
18 put the public parts of the meeting on later
19 with -- with appropriate review. Now this all
20 -- I mean I agree also with Paul, there's a
21 question of how much you take out and -- and --
22 and so forth and then, you know, do we want to
23 -- we're trying to follow up sometimes on -- on
24 some of these situations and making sure we
25 have some way of -- of continuing to do that

1 about a particular -- particular site or
2 something. But to me, some of -- approach like
3 that. I mean we've got situation -- we have
4 meetings from February of this year that the
5 minutes are still not available, and -- and
6 it's not a -- I think that's --

7 **DR. WADE:** (Off microphone) (Unintelligible)

8 **DR. MELIUS:** -- very bad precedent for an open
9 meetings. I think in some cases the
10 transcripts are but the minutes aren't, but in
11 terms of public information that -- you know,
12 that -- read through the transcript, which
13 is...

14 **DR. ZIEMER:** Can you -- Lew, can you tell us,
15 or someone else, is it the public comment
16 period that's the main issue? Is there much
17 redaction done from the main Board meeting?

18 **DR. WADE:** From my perspective, no. And I
19 think -- to the issue of relative amounts of
20 work, it goes to the relative amounts of pages
21 of the -- the Board meeting and the public
22 comment. I think Dr. Melius's suggestion is a
23 wise one.

24 What I would like to possibly -- how I'd like
25 to approach that is possibly for the Board to

1 give a sense of what it thinks is a reasonable
2 time lag between the occurrence of a meeting
3 and the posting of the transcript or minutes.
4 If we could set a mark for that, then we could
5 work processes to try and reach that. And if
6 bifurcating the work is necessary to do that,
7 then that might be a tack that we'd take. But
8 I would like to leave here with some sense of
9 is one month, two months, three months --
10 what's reasonable from the end of a meeting to
11 the appearance of the transcript.

12 I need to make one point for the record, I
13 think, Paul. And this goes to Privacy Act, but
14 I'll make the point in terms of security
15 issues. We've had public comments made that
16 have raised security concerns. The fact that
17 those issues have been raised in a public forum
18 doesn't mean that we can publish transcripts
19 (unintelligible) --

20 **DR. ZIEMER:** Particularly if there's classified
21 issues that arise.

22 **DR. WADE:** Privacy stuff is as important,
23 really, as (unintelligible).

24 **DR. ZIEMER:** Well, let me ask this question.
25 Is it possible for the Board to enact some

1 rules of engagement where -- whereby we specify
2 that individuals participating in the public
3 comment period may not discuss other people's
4 cases, or name them? Is that possible to do?

5 **DR. WADE:** It's possible to do; it's impossible
6 to --

7 **DR. MELIUS:** Yeah, I think --

8 **DR. WADE:** -- enforce.

9 **DR. MELIUS:** -- we'll have a hard time doing
10 that and -- and -- from the Privacy Act
11 perspective, I mean -- then you -- trying to
12 figure out what's the relationship 'cause you -
13 - remember, it's not just -- it's not just
14 family members. You know, it's --

15 **DR. ZIEMER:** I understand, I'm --

16 **DR. MELIUS:** -- people speaking for --

17 **DR. ZIEMER:** -- I'm asking whether --

18 **DR. MELIUS:** -- other people and there's the
19 permission issues and so forth and -- I mean
20 I've done a lot of public meetings and -- and
21 telling people not to reveal their --

22 **DR. ZIEMER:** And it still happens.

23 **DR. MELIUS:** It still happens.

24 **DR. ZIEMER:** Okay.

25 **DR. MELIUS:** I mean they can't help them-- you

1 know, selves.

2 **BOARD WORKING TIME: TRACKING OF STATUS OF**
3 **TRANSCRIPTS AND MINUTES**

4 **DR. WADE:** But to set the stage -- excuse me --
5 for this discussion that we're going to have --
6 I mean I have to give kudos to Ray. We -- we
7 put the work of the workgroups and the Board
8 first, and the rule we followed is that if a
9 workgroup chair wants a transcript, they get it
10 almost immediately. Now it's not been
11 redacted, but they can work with it. Now that
12 sometimes upsets the queue in terms of other
13 things, and that's my responsibility to manage
14 and, you know, I take that responsibility
15 gladly.

16 If I could get a sense from the Board of how
17 soon it wanted to see redacted transcripts
18 posted, then that would be a starting point. I
19 can't guarantee that we could meet that. I'd
20 like to get a sense of the Board, you know --
21 the numbers that jump to my mind are one month
22 or three months. You know, what's the sense of
23 the Board? One month is --

24 **DR. ZIEMER:** Wanda Munn.

25 **DR. WADE:** -- tough; three months is doable.

1 **MS. MUNN:** I think there is something in
2 between that we might consider. One of the --

3 **DR. MELIUS:** (Off microphone) One and three,
4 (unintelligible).

5 **MS. MUNN:** -- one of the -- yeah, one plus
6 three, let's see, in between there there might
7 be.

8 The -- the problem with minutes being too late
9 or not appearing at all seems to be that we
10 can't refresh our memories with respect to
11 exactly what was said, exactly what the action
12 items were, exactly who is charged with doing
13 what. In light of the current schedules that
14 we have with respect to face-to-face public
15 meetings, for a full-scale meeting of this kind
16 it would appear that a time period like in the
17 six-week time frame would be a reasonable
18 expectation that would appear to give a Privacy
19 Act office an adequate amount of time since the
20 turnaround time on their draft review for -- of
21 the minutes is relatively short -- what Ray,
22 normally two weeks or so they have the
23 information back? Is that about right? No,
24 you don't normally get -- you don't normally
25 get that --

1 **THE COURT REPORTER:** I can speak?

2 **DR. WADE:** Yeah, you can speak.

3 **THE COURT REPORTER:** You're asking two weeks
4 from the --

5 **MS. MUNN:** No.

6 **DR. WADE:** No, from the time the meeting is
7 over to the time we receive --

8 **MS. MUNN:** I'm -- I'm talking about the time
9 the meeting is over to the time you send the
10 draft in to the Privacy Act is usually --

11 **THE COURT REPORTER:** Right, I'm glad to speak
12 to this because like just in Naperville I've
13 been hit by four different people saying Ray, I
14 need those immediately, and I usually take that
15 to heart and do it, which means other stuff
16 that's still pending gets waylaid. I think
17 what would help the process is more interaction
18 with directive to me. You know, like if all
19 the requests would go to Dr. Wade or Dr.
20 Branche, and then they tell me this goes in
21 order. So you know, it's hard to just
22 generally state how fast something gets
23 somewhere.

24 One thing that I'm thinking is, given the huge
25 amount of meetings we're having, it's just

1 about impossible for me to get everything
2 turned around in a month. And if you say let's
3 turn it around in a month, are you talking
4 about all the workgroups also, because that
5 would be impossible.

6 I've had one idea, because I'm real backlogged
7 on minutes right now because there's been so
8 many transcripts to get out, is that if I could
9 bring one of my reporters with me, I could be
10 working on minutes at the meeting and have
11 those out almost immediately and -- while the
12 court reporter's taking down the verbatim.
13 That's just a -- just a thought, just an option
14 that I have that could help expedite me getting
15 stuff to the redaction department. So you
16 know, if we're going to talk about just the big
17 Board meetings and I can get to work on them
18 immediately, I can turn those around in a month
19 and then how long it takes the Privacy Act
20 people, I don't know.

21 **DR. WADE:** If you would -- in my opinion, if
22 you were to say two months for Board meetings,
23 the last date of posting, I think that's --
24 that's achievable.

25 **MS. MUNN:** That's achievable, then -- then that

1 seems to be a reasonable starting point. With
2 respect to working groups, now this creates an
3 entirely different issue for many of the
4 working groups have a working phone call and a
5 working face-to-face in between our full Board
6 meetings. I know it's certainly the case with
7 the procedures workgroup. We feel like that's
8 necessary for us to keep track of -- of the new
9 findings that are coming in on a routine basis.
10 So in the case of some of the workgroups that
11 are most active, a turnaround time for them,
12 especially of a rough draft, not necessarily
13 redacted or -- or posted yet, but that's
14 crucial for the smooth operation of the -- the
15 working group. So if Ray's suggestion that we
16 bring our specific requests to our Designated
17 Federal Official and have them make some
18 prioritization, if that falls on welcome ears -
19 -

20 **DR. WADE:** Oh, sure.

21 **MS. MUNN:** -- then I can see no reason why that
22 wouldn't be --

23 **DR. WADE:** Right, and --

24 **MS. MUNN:** -- (unintelligible).

25 **DR. WADE:** -- I would also add, if you want any

1 part of a Board meeting immediately -- I know
2 Mark wanted a section on a Rocky Flats
3 discussion immediately after a Board meeting --
4 we would get it to him that next day or within
5 two days. Again, it's not redacted. It's for
6 his use. That I think we've been pretty good
7 at being able to do. But getting it redacted
8 and posted then takes time and things slip in
9 the queue.

10 **DR. ZIEMER:** As the -- maybe a reference point,
11 Ray, can -- can you tell us in -- you do a lot
12 of legal -- court cases and so on and -- is
13 there some kind of standard that's used in the
14 legal profession as to what would be -- what
15 would constitute sort of the timely appearance
16 of -- of transcripts from court proceedings,
17 for example? It -- this might -- perhaps could
18 serve us as at least a reference point. Not
19 that we would use that, but -- you know, is the
20 turnaround time two weeks, two months, a year,
21 what --

22 **THE COURT REPORTER:** Well, actually in Georgia,
23 and this varies from state to state, but in
24 Georgia it's 120 days from the time a trial is
25 finished before that court reporter has to have

1 it filed in that courthouse. Now of course all
2 the court reporters could turn that around in
3 two weeks, but they're usually not set aside
4 and said you now have two weeks to go work on
5 that trial. They're immediately back in more
6 court cases, taking down. And that's the
7 problem. It's like if I was to go home right
8 now and have nothing to do but Naperville, you
9 would have it at the end of next week. But of
10 course I've still got -- I currently have 18
11 transcripts pending just for this group, and I
12 think most of you know this isn't the only
13 project I work on, although it's the main one.
14 And what I'm suggesting is that the workload
15 for this group alone is more than one person
16 can handle. I mean I love this work and I'm
17 honored to do it, but it's just obviously more
18 than one person can handle and get your
19 transcripts and minutes out timely enough. And
20 I am saying that I can bring aboard another
21 person, which would help immensely.
22 And one other thing about the turnaround, I
23 think whatever y'all determine is doable. It's
24 just my -- but then we have to determine what
25 kind of manpower I bring aboard.

1 **DR. ZIEMER:** Jim.

2 **DR. MELIUS:** Say -- actual -- the common
3 practice in court in depositions now is
4 instantaneous transcripts, at least in
5 depositions. You see people hooked up to
6 computers and networked and doing that. In
7 court it's usually overnight turnarounds are
8 requested, and some of that's the technology
9 and do use a little different approach than
10 what Ray does.

11 I was going to suggest that we -- we check
12 about the availability of that Italian gold
13 medal winner from a few years ago who I think
14 is -- heard is so much quicker and might
15 (unintelligible) --

16 **DR. ZIEMER:** (Unintelligible) all the
17 transcripts (Unintelligible).

18 **DR. MELIUS:** But seriously, I -- I think that
19 two months is too long, and I -- I think try--
20 you know, 30 days is what we should be -- aim
21 for. Now that's with the proviso that one is
22 that we -- we may want to, you know, bifurcate
23 or -- or try to eliminate some of the -- the
24 roadblocks when we know there's going to be
25 problems, like the public meeting aspects of

1 some of these meetings that they could take a
2 little bit longer.

3 **DR. ZIEMER:** Jim, are you talking 30 days for
4 the total process --

5 **DR. MELIUS:** Total --

6 **DR. ZIEMER:** -- Ray plus the redaction?

7 **DR. MELIUS:** Total process. 'Cause I don't
8 think it's just a question of us 'cause we
9 actually do have quicker access to some of this
10 information because of -- we can see it before
11 it's redacted if -- if necessary. But for, you
12 know, the public out there that -- that I -- I
13 think -- it's transparency and certainly the --
14 the current situation, the backlog is -- I -- I
15 don't think it's acceptable and I think it's
16 become problematic in some of the deliberations
17 of the Bo-- of the -- of the Board, so I would
18 like to see -- see something sooner, and I
19 think if that requires additional resources --
20 not the Italian, then maybe an extra person
21 with Ray, that --

22 **DR. WADE:** And extra --

23 **DR. MELIUS:** -- that's fine.

24 **DR. ZIEMER:** Okay, Mark.

25 **MR. GRIFFON:** Yeah, just -- just to reflect on

1 the Rocky Flats experience, I mean I think as
2 we went along with workgroups, I also tried to,
3 as workgroup chair, start to pay closer
4 attention to keeping a detailed list of actions
5 that were due by NIOSH, by SC&A and making sure
6 that those went to the petitioners, too, al--
7 although that was, you know, difficult to
8 manage in and of itself. We had a matrix that
9 was growing out of hand. I -- I -- I do know
10 that we -- we did run across in that process a
11 situation at the end of -- of the -- the crunch
12 to get to a decision for Rocky Flats, we had
13 very frequent workgroup meetings and, you know,
14 we were running across situation where the
15 petitioners were getting on the phone saying I
16 haven't even seen the transcript from the last
17 meeting yet and -- but it was -- they were very
18 close together so we do -- you know, I think it
19 does become sort of this manpower question for
20 Ray's side. But I guess, you know, one thing
21 we as workgroup chairs could do maybe is sort
22 of standardize our, you know, what -- what are
23 we responsible for delivering and keeping, as
24 opposed to just relying on the transcripts. I
25 think it started -- it started helping the

1 process in Rocky Flats where I would -- would
2 update the action listing in our matrix, and I
3 even got to the point where I was, you know,
4 highlighting in different colors 'cause we went
5 through so many evolutions. But I'd circulate
6 that to NIOSH and SC&A before we got to the
7 workgroup meeting and make sure yes, these are
8 the agreed-upon -- and then those rare
9 instances -- there was a couple of, as Lew
10 mentioned, there was an instance where we had
11 some disagreement, then we wanted the
12 transcript to kind of reflect back -- what did
13 people say, what did people commit to. But I
14 think that -- that does help and maybe lessens
15 the need for an immediate transcript from some
16 of those workgroup things if we have a good
17 list of actions that your -- your -- you know,
18 your priority action list, then I think that is
19 mainly what people want to know going into the
20 next step. But that's not always the case,
21 so...

22 **DR. WADE:** Ray, do you want to say something?

23 **THE COURT REPORTER:** Well, let me kind of
24 clarify that thing about the 120-day turnaround
25 in Georgia. That's rarely needed. It's set in

1 statute just so in case some court reporter's
2 stuck in a 3-month murder trial or something.
3 Obviously that's going to take forever to
4 produce. We, too, can do real time reporting
5 on simple Workers Comp depositions where it's
6 one person asking one person questions and it's
7 yes and no. We -- we have the capacity to do
8 that. Obviously these meetings aren't of that
9 nature and so that's why we're not set up for
10 real time. Now we could get to that if the
11 request was made, but that again would require
12 a reporter and a scopist. That might be
13 something y'all want to look into.

14 **DR. ZIEMER:** Thanks.

15 **DR. WADE:** A couple of points if I could make -
16 - oh, I'm sorry.

17 **MS. MUNN:** I'd like to request that my fellow
18 colleagues on the Board to join me in a
19 recommendation -- a formal recommendation that
20 our court reporter be given the opportunity to
21 bring additional resources to bear on what we
22 are doing here, certainly at least on a
23 temporary basis until we feel we're level with
24 where we need to be, and perhaps on a permanent
25 basis if it appears that that's going to be

1 necessary in the long term.

2 **DR. ZIEMER:** This sounds like a motion. Is
3 that needed for this to occur, Lew, or --

4 **DR. WADE:** I mean I understand the sense of the
5 Board, certainly, and will carry it back.

6 **DR. ZIEMER:** Is there any objection to -- do
7 the rest of the Board members feel that it
8 would be of value to increase the manpower here
9 and try to get this backlog taken care of and
10 then -- appears to be a consensus on that. We
11 -- we still need a little more clarification on
12 the turnaround time. Thirty days has been
13 suggested.

14 **DR. WADE:** Right, I'd like to react to that.

15 **DR. ZIEMER:** Uh-huh.

16 **DR. WADE:** But first I want to react to several
17 things in general, just to put them on the
18 record. The first is that under FACA,
19 workgroups really are intended not to be formal
20 meetings with transcripts taken. And this
21 Board I think has made the completely
22 appropriate decision to do that and I applaud
23 that. We've created an expectation in
24 everyone's mind that -- that they will have
25 quick access to transcripts of all workgroups,

1 and I think we need to live consistent with
2 that. It's created a dynamic that we're
3 talking about now, but I think it's worth
4 noting and applauding.

5 What I'll do is I will attempt to put in place
6 a process that meets the 30-day requirement for
7 Board meetings, and I'll report to you in
8 December on the status of this matrix and where
9 we are. And I -- and I can't imagine I won't
10 have a positive report to make about previous
11 Board meetings, and I will then either commit
12 to you to try and live to the 30 days or I'll
13 come to you with a -- an honest statement that
14 that's not doable within the resource structure
15 we have, and we can talk further. But I think
16 it is doable, but I -- I can't commit to it
17 today, but I'll try and come to you in December
18 and tell you it is doable and we commit to it.

19 **DR. ZIEMER:** Okay. Further comments? Jim,
20 another comment there?

21 **DR. MELIUS:** Yeah, I -- yeah, I agree that I
22 think having Lew report back to us -- the
23 December meeting I think is sort of -- way to
24 move forward. I would ask -- actually I would
25 extend -- I'm willing to extend the 30 days to

1 all workgroup meetings and so forth, but if
2 maybe Lew could come back to us at the same
3 time with a -- sort of what would be an
4 expected schedule of that, 'cause I think that
5 would be -- be more variable. There's a wor--
6 workgroup that's meeting -- you know, doing a
7 site profile review, it's not going to meet
8 again for six months or four months or
9 whatever, I -- I'd -- I think then that the,
10 you know, 30 days or 60 days may not be
11 necessary. When we're having a workgroup
12 that's dealing with an SEC issue that we're
13 trying to move along to closure, then -- then I
14 think a more timely transcript and -- and so
15 forth is -- is helpful.

16 Now I -- the other alternative -- it may end up
17 being more work, I don't know, but is there
18 something like minutes from a workgroup meeting
19 that would help to summarize what went on would
20 be a -- rather than a transcript, but I suspect
21 that that's more work and probably wouldn't be
22 any quicker, may even take longer to do.

23 **DR. ZIEMER:** Sometimes summarizing is as
24 lengthy as --

25 **DR. MELIUS:** Yeah -- no, I --

1 **DR. ZIEMER:** -- simply transcribing.

2 **DR. WADE:** And that would normally fall to the
3 workgroup chair, as well, as we've been doing
4 business.

5 **DR. MELIUS:** Yeah.

6 **DR. ZIEMER:** And if the workgroup chairs all
7 pass their requests through Lew so that he can
8 control the priority demands on -- on the
9 reporter, then that will help, I think.

10 **DR. WADE:** We'll commit to getting a workgroup
11 chair whatever they need as quickly as
12 possible, and I think we've lived good to that.
13 But that doesn't solve the public burden we've
14 taken on.

15 **DR. MELIUS:** And -- and -- and I realized that
16 as I was suggesting that that Wanda was smiling
17 'cause I don't think it would fall upon the
18 workgroup chair. I think certain workgroup
19 chairs would readily assign that to another
20 workgroup member.

21 **MS. MUNN:** Quickly.

22 **DR. MELIUS:** So I withdraw that.

23 **MS. MUNN:** Thank you, sir.

24 **DR. ZIEMER:** Phil, did you have a comment?

25 **MR. SCHOFIELD:** Yeah, just one. In order for

1 Ray to do this kind of information, are we
2 going to have to go to legal to see about the
3 procurement of an increase in the contract?

4 **DR. WADE:** Ray, I was going to --

5 **MR. SCHOFIELD:** And how long will that take?

6 **DR. WADE:** I was going to mention that. Well,
7 it's more dicey than that. I mean, you know,
8 we in government are constantly looking at
9 competing and recompeting, and -- and the
10 services that we secure here are under some
11 scrutiny in terms of an open competition. So I
12 don't want to prejudge that, but -- but these
13 are issues that we'll have to deal with. We
14 certainly want to see the Board have the
15 highest quality service and we're aiming to
16 provide that. We have procurement issues that
17 we're dealing with now and I'll keep the Board
18 apprised of them. I don't know that your
19 request here will adversely affect our ability
20 to succeed in what we're trying to do, but one
21 never knows.

22 **DR. ZIEMER:** Michael?

23 **MR. GIBSON:** Just for the procurement issues,
24 there are certain specialties that the
25 contracting agent can sole source, and I

1 believe that it would be -- it'd be a great
2 step backwards to try to bring someone in on
3 certain issues and -- for instance, you know,
4 Ray's job -- that has no idea of what we're
5 talking about and I think it would further
6 delay.

7 **DR. WADE:** Noted and understood --

8 **DR. ZIEMER:** Thank you.

9 **DR. WADE:** -- completely.

10 **DR. ZIEMER:** Wanda, you have additional
11 comment?

12 **MS. MUNN:** As I was -- I was just going to
13 comment that although the Chair mentioned that
14 only 30 days had been suggested, I
15 (unintelligible)--

16 **DR. ZIEMER:** It was somewhere between 30 and 90
17 with what -- what was that --

18 **MS. MUNN:** I -- I had specifically suggested
19 that six weeks might be a reasonable time. I
20 understand that Dr. Melius is a powerful
21 arguenter, but nevertheless --

22 **DR. ZIEMER:** So noted, we have a four weeks and
23 we have a six weeks, and I -- I suspect maybe
24 before we -- I think I heard Lew commit to
25 something that -- that would meet a six weeks

1 requirement, something like 30 days.

2 **MS. MUNN:** That's right.

3 **DR. WADE:** Which would --

4 **DR. ZIEMER:** But we may want not to freeze that
5 at the moment till we hear your report and --
6 and get a better feel for how that is going, as
7 opposing -- as opposed to making a firm time
8 commitment at this point. But I -- I think I
9 heard you say that perhaps 30 days is doable,
10 at least --

11 **DR. WADE:** We -- we want to do this as quickly
12 as we can. Obviously I have the sense of the
13 Board that there's a sentiment for 30 days.
14 Maybe there's a sentiment for a bit longer.
15 Let us go and sharpen our pencils and see --

16 **DR. ZIEMER:** But not three months or --

17 **DR. WADE:** We don't -- I mean I'll commit to
18 two months now, but we'll do better than that.

19 **DR. ZIEMER:** Okay. Another comment.

20 **DR. MELIUS:** And just in deference to my wise
21 colleague, I was not trying to impose my 30-day
22 deadline. It was -- which is why I was
23 suggesting that Lew report back to us on what
24 was reasonable 'cause -- giving him
25 flexibility.

1 **DR. WADE:** I would like to choose between Ms.
2 Munn and Dr. Melius, so I will decide which we
3 like better and we'll go with that number.

4 **DR. MELIUS:** Five (unintelligible).

5 **DR. ZIEMER:** The standard deviation on both
6 (unintelligible) is pretty large actually.

7 **DR. WADE:** But now to this little matrix, I
8 mean we will -- the -- the last thing I'll say
9 to you, there's evidence of this matrix of the
10 pushing we're trying to do.

11 **UNIDENTIFIED:** (Off microphone)
12 (Unintelligible)

13 **DR. WADE:** Oh, you want to do it? Okay.

14 **MS. ELLISON:** I have updates for it.

15 **DR. WADE:** (Unintelligible)

16 **DR. MELIUS:** (Unintelligible) going to say the
17 99 percent confidence interval's
18 (unintelligible) we made (unintelligible).

19 **DR. ZIEMER:** Okay, back to Chris.

20 **DR. WADE:** I'm sorry, yes. Chris got -- good
21 news.

22 **MS. ELLISON:** I have some more news on -- on
23 the matrix for you. The -- and I don't know if
24 you've received the e-mail on the web updates
25 or not, but the minutes from the February 7th

1 through 9th meeting were posted yesterday on
2 the web site, so that redaction is completed on
3 the February 7th through 9th.

4 There's a -- the March 27th workgroup
5 teleconference for NTS that's listed on there,
6 those should go up this afternoon.

7 **DR. MELIUS:** Aah.

8 **MS. ELLISON:** Ah, we're making headway.

9 **DR. ZIEMER:** What date was that last one?

10 **UNIDENTIFIED:** (Off microphone) March 27th.

11 **MS. ELLISON:** March 27th. Those -- you should
12 receive an e-mail later today with that update.
13 Okay, on to the next page, the May 2nd through
14 4th meeting, all of those items we have
15 received back from the Privacy Act office with
16 the markups for the -- the redactions. So all
17 of those are back, ready to be redacted. And
18 then --

19 **DR. WADE:** And then posted.

20 **MS. ELLISON:** And then posted. And then the
21 last item I have is under the June 11th and
22 12th meeting. The transcript for June 11th,
23 we received that also back from the Privacy Act
24 office with all the markups.

25 And just to let you all know, I have received

1 word that our plans in posting these and
2 completing the redaction removing all the
3 information, the current plan is to start from
4 the oldest and work our way forward, so if
5 there are any priorities, I need to know.

6 **DR. ZIEMER:** Again, I think, Lew, you're going
7 to need to coordinate those priorities with
8 respect to the workgroups and --

9 **DR. WADE:** Right.

10 **MS. ELLISON:** But currently the plan is to work
11 oldest from -- to most recent, just so you
12 know.

13 **DR. ZIEMER:** Yes, thank you.

14 **MS. ELLISON:** Okay? That's the latest that I
15 have right now.

16 **DR. ZIEMER:** Okay. Other questions or comments
17 for Chris?

18 (No responses)

19 Chris, we do thank you for all your work on the
20 web site. We know that we always have issues
21 that we would like to improve and -- and
22 change, but it's -- it's been a very helpful
23 and useful instrument for us and we do thank
24 you for the work that you do on it.

25 **MS. ELLISON:** (Unintelligible) --

1 **DR. WADE:** I would like to make mention of
2 Zaida, who's in the audience, and she's taken
3 on the task of developing these matrices and --
4 with much help from others -- and updating
5 them. So a week before the December 6th call
6 you will get an updated matrix of this type and
7 we'll use that as -- as the basis of my report,
8 so thank you, Zaida, very much for your
9 efforts.

10 **DR. ZIEMER:** Some of the Board members have
11 requested that we skip breaks and just let
12 people take breaks individually. I -- I don't
13 know if that's -- is this the sense of the
14 whole Board or just the people who have planes
15 to catch, but --

16 (Whereupon, multiple Board members spoke
17 simultaneously.)

18 **DR. ZIEMER:** A brief comfort break, okay --
19 five minutes. Okay, comfort break.

20 (Whereupon, a recess was taken from 10:25 a.m.
21 to 10:40 a.m.)

22 **ROCKY FLATS FOLLOW-UP ACTIONS STATUS**

23 **DR. ZIEMER:** Our next item on the agenda is the
24 follow-up on -- or status of Rocky Flats
25 follow-up actions, and Jim Neton's going to

1 give us that presentation. Jim?

2 **DR. MELIUS:** Before Jim starts, I have a
3 question about the agenda, in my -- this is for
4 Lew. Are we going to talk about the Privacy
5 Act review and schedule on some of the
6 documents also?

7 **DR. WADE:** Yeah.

8 **DR. MELIUS:** Okay. Is that later in the agenda
9 to...

10 **DR. WADE:** Well, when we come to these
11 matrices, it's where those documents would be
12 in play.

13 **DR. MELIUS:** Okay, fine. Okay, I just wanted
14 to make sure that -- I have some questions
15 there, that's all.

16 **DR. ZIEMER:** Okay, Jim.

17 **DR. NETON:** Thank you, Dr. Ziemer. I don't
18 have any slides or anything for the
19 presentation, it should be brief. I'm just
20 going to update the Advisory Board on our
21 efforts to move through the Rocky Flats cases
22 that were not part of the SEC, as we committed
23 to when the Board voted to add Rocky Flats at
24 the Colorado meeting in June.

25 I presented a -- an update on September 4th

1 during the Board's conference call, and this
2 represents main progress that we've made since
3 then.

4 If you recall, the issues -- there were three
5 issues at Rocky Flats -- four, but really three
6 issues that -- that arose as a result of the
7 deliberations of the working group that we
8 needed to modify the site profile. Those
9 included the super S dose reconstructions, use
10 of the 95th percentile for unmonitored workers,
11 and the neutron dose model from 1967-'70.

12 We have -- we have revised both the
13 internal/external dosimetry site profiles for
14 Rocky Flats to include those new models, and we
15 are up on the web site. They were revised in
16 August -- early -- mid-- mid-- mid-August time
17 frame, and so we are ready to do dose
18 reconstructions based on -- on the new models
19 that were developed during the working group
20 deliberations.

21 We took a look at the cases that we had -- had
22 been denied at Rocky Flats. There were, by
23 our count, 590 cases out of the 947 that were -
24 - were processed that needed to be reevaluated
25 in light of the new -- new approaches. One

1 thing that was not realized at the time we made
2 this discussion, though -- when I -- when we
3 discussed how we were going to proceed was that
4 we are now in the process of working -- when we
5 rework a case we not only look at the -- at the
6 isolated changes that were made to the Rocky
7 Flats site profile, but also we will examine
8 all other changes that have been made in the
9 program at the same time. That is, if we're
10 going to re-- reopen a case, we -- we're going
11 to apply current technology to it across the
12 board.

13 In -- in light of that, it became very obvious
14 to us that we could not triage these cases, in
15 a sense, and say these cases are not affected;
16 these cases are, send them back for a rework.
17 Because of that, we've written a Program
18 Evaluation Report, PER-21, that is out on our
19 web site now that has requested the Department
20 of Labor return to us all 590 cases that are
21 less than 50 percent. They will be completely
22 reworked with a brand new dose reconstruction,
23 applying the -- the revisions to the Rocky
24 Flats site profile as well as all the other
25 changes -- any other changes that have been

1 made as part of the general program review that
2 -- that we've gone through. Again, that's PER-
3 21. That's on our web site and available for
4 people to look at if they choose.

5 There's a slight twist to this as well, though.
6 Since Rocky Flats is now part of the SEC, we're
7 only asking Department of Labor to send us back
8 cases that are not in the SEC. In other words,
9 it would be silly for us to tell a claimant
10 that their dose reconstruction's being
11 reworked, go through the interview process and
12 everything, only for them to be subsequently
13 added to the SEC. So of the 590 cases we --
14 we've asked back -- asked for Labor to return
15 to us for rework, we've only asked for them to
16 send back the ones that are not part of the
17 SEC. We work with Department of Labor on -- on
18 determining the SEC class, or helping them to
19 determine who is in the affected class. We
20 have provided them a list of the workers who
21 were in the Neutron Dose Reconstruction Project
22 'cause certainly those people have potential
23 for neutron exposure. Department of Labor has
24 that list. They are also using the list that
25 we -- we had available to us from the Neutron

1 Dose Reconstruction Project of the workers --
2 of the buildings that were included, and they
3 are working to determine any other workers in
4 those buildings that were not in the NDRP that
5 need to be in the class.

6 We've also provided the Department of Labor a
7 list of cases that we've reconstructed that we
8 believe have employment in the relevant class
9 period, as well as one SEC -- at least one SEC
10 cancer, and that list has been provided to the
11 Department of Labor.

12 And I think that's what I have to say.

13 **DR. ZIEMER:** Okay, that's the report. Thank
14 you very much, Jim. Let's see if there's any
15 comments or questions on your report. What --
16 sort of what's the timetable you think for
17 getting all this done?

18 **DR. NETON:** Well, it's difficult to say. I
19 mean we've asked for them to be sent back --
20 since they're going to be complete reworks, the
21 claimants will be notified that their case is
22 being sent back to NIOSH and will get a brand
23 new dose reconstruction, including the CATI and
24 everything --

25 **DR. ZIEMER:** Uh-huh.

1 **DR. NETON:** -- and we can't do those till we
2 receive them back from Department of Labor.

3 **DR. ZIEMER:** Okay, thank you.

4 **DR. MELIUS:** Does Jeff have any idea?

5 **DR. NETON:** Maybe Jeff Kotsch is here. He
6 could speak to that.

7 **MR. KOTSCH:** It's always our intention to try
8 to implement the class as soon as it's
9 effective. Unfortunately on this one and -- as
10 some other ones, the development of the actual
11 bulletin that drives the work in our district
12 offices has lagged. When I left it was in
13 management review, so we're hoping that it pops
14 out -- you know, this week or next week, and
15 then it takes a couple of wee-- weeks to go
16 through administration. But the district
17 offices, once they see the bulletin in the
18 semi-final form, start to at least stage the
19 cases, especially the SEC cases, for -- for --
20 for a movement through the -- through the
21 process.

22 **DR. MELIUS:** Okay, and -- and -- and I just --

23 **MR. KOTSCH:** (Unintelligible) hopefully it
24 (unintelligible).

25 **DR. ZIEMER:** Sounds like some of them will be

1 back at NIOSH within about four weeks then
2 perhaps.

3 **MR. KOTSCH:** At the -- yeah, you -- we -- we're
4 sifting through what we -- you know, we'll make
5 the cut for the SECs, do any additional
6 development that we have to for those, and then
7 all the rest are just going to be returned,
8 basically.

9 **DR. ZIEMER:** Thank you. Yeah, Mark.

10 **MR. GRIFFON:** This might be for Jeff or Jim,
11 I'm not sure -- or -- or both. Thi-- this
12 question about who -- the definition of the
13 class and the interpretation of that definition
14 certainly was a concern of the workgroup a--
15 and the Board, and I -- I believe -- I -- I
16 don't -- well, I guess I'm asking -- Jim, you
17 said you sent a list of individuals you thought
18 would be affected by...

19 **DR. NETON:** We sent a list of individuals who
20 were actually in the NDRP (unintelligible) --

21 **MR. GRIFFON:** NDRP only, so then the question
22 that we raised in the workgroup --

23 **DR. NETON:** Right.

24 **MR. GRIFFON:** -- was we -- we felt there were
25 other buildings that could have been --

1 **DR. NETON:** Correct.

2 **MR. GRIFFON:** -- could have involved neutron
3 exposure, and I want to -- I want maybe clar--
4 clarity on how that's being interpreted, and
5 maybe it's a DOL question, but...

6 **MR. KOTSCH:** The way the bulletin's written --
7 and again, it's -- it's draft, but I'll give
8 you the essence of it -- is we work through the
9 three basic pieces of information that we have,
10 the NDRP list -- or the --

11 **DR. NETON:** NDRP.

12 **MR. KOTSCH:** -- I always get that acronym
13 messed up. Anyway, work through that list. We
14 -- we will look through the dose
15 reconstructions to see if there is basically
16 mention of plutonium or neutron exposure;
17 that's another check. And the third check is -
18 - what am I missing?

19 **DR. WADE:** Buildings.

20 **DR. ZIEMER:** Buildings.

21 **MR. KOTSCH:** Buildings.

22 **MR. GRIFFON:** Yeah.

23 **MR. KOTSCH:** The building numbers.

24 **DR. ZIEMER:** So that -- that list from NIOSH
25 was just the starting point.

1 **MR. KOTSCH:** That's just the starting point.

2 Actually there are a number of lists. We --

3 Jim also mentioned the list that we always get,

4 which is the SEC cancer -- non-SEC cancer list.

5 We have also generated our own list of all

6 cases that -- that we have in the process that

7 have basically been denied for Rocky Flats, and

8 so all those lists are culled through and -- of

9 those three criteria are basically sifted

10 through, and then anyone who's still -- or any

11 claimant, I guess, who still considers that

12 they may be part of the SEC goes through

13 continual -- you know, continue development to

14 determine whether there's any other information

15 that puts them into a facility where they

16 should have been monitored for neutrons.

17 **MR. GRIFFON:** I gu-- I guess -- let me be more

18 sp-- I mean at least specific on one instance,

19 the Building 881 question and the question of -

20 - that we raised was not only that there was

21 plutonium contamination in there, but also

22 there were I believe these subcritical

23 experiments, at least for a period of time, and

24 we did hear some information from NIOSH that

25 there was likely very few individuals involved

1 in the subcritical experiments, but we never --
2 we never really heard much more. And some of
3 us sort of took issue with the fact that it
4 would have only been two researchers that ever
5 were near any of this subcritical -- so the
6 question was, how was this going to be
7 implemented. Was it going to be considered --
8 the whole building considered a -- a potential
9 neutron exposure; was it going to be limited
10 time periods; was it going to be limited areas,
11 and we -- we don't have any more information
12 and I guess I was hoping that NIOSH would
13 research that more and -- and at least give DOL
14 guidance on that and, you know, someone -- I
15 guess I want maybe clarification
16 (unintelligible) --

17 **DR. NETON:** I don't think there's much more re-
18 - there's not much more we can research. I
19 mean we --

20 **MR. GRIFFON:** You don't have any more. Right.

21 **DR. NETON:** -- pulled that string as far as we
22 can go. I think you -- you know, there --
23 there were certain buildings in the NDRP that
24 were listed for sure (unintelligible) neutron
25 workers --

1 **MR. GRIFFON:** Right.

2 **DR. NETON:** -- and I -- I won't list them here,
3 but they're in the 700 series, 886, 991.

4 **MR. GRIFFON:** Yeah.

5 **DR. NETON:** When you get into buildings like
6 21, 22, 23, 34, 44 and 81, those workers --
7 those buildings were included in the NDRP when
8 there were workers who were monitored. For
9 instance, 81 I think was the uranium building.

10 **MR. GRIFFON:** Yeah.

11 **DR. NETON:** But the NDRP did include workers
12 who had neutron badges who worked in building
13 81, and those -- those have already been
14 forwarded over to Department of Labor.
15 Now for workers who were not monitored for
16 neutrons as part of the NDRP that may have
17 worked in 81, I think what Jeff is saying is
18 they're going to make sure they look through
19 the case file closely for evidence of -- of
20 additional work that could have resulted in
21 neutron exposure.

22 **MR. KOTSCH:** (Off microphone) Yeah,
23 (unintelligible).

24 **MR. GRIFFON:** So -- so -- but -- I mean --
25 yeah, I -- I just don't want -- I -- I feel a

1 little bit of responsibility here. I -- I mean
2 I don't want this to fall through the cracks if
3 -- I think we -- we saw through the workgroup
4 process that not everyone was monitored for all
5 time periods for neutrons that -- that should
6 have been --

7 **DR. NETON:** Yeah.

8 **MR. GRIFFON:** -- and therefore I -- I don't
9 know -- I'd have to look back at all my notes
10 on 81, but there were certainly questions
11 raised as to whether -- so then, you know, it's
12 not only if they were in 81 and were badged
13 that they should be included. I -- I think
14 there could have been other people. At -- at
15 least that's my question to NIOSH or to DOL --

16 **MR. KOTSCH:** Well, like I said --

17 **MR. GRIFFON:** -- is -- and then if you don't
18 know -- I mean we've always been told, you
19 know, in the absence of information, if you
20 know there were some neu-- potential there,
21 maybe you can narrow it to a time period, I
22 don't know, but if anyone was in that building
23 they should be presumed to have had the
24 potential and be in the class, and I -- I just
25 want -- I think we owe it to the petitioner for

1 clarification on that issue.

2 **MR. KOTSCH:** All I can say is it's -- it's not
3 final yet, but -- but the intent is once you go
4 through those other three screening devices,
5 basically, any with the buildings, is --
6 they'll develop for potential for neutron
7 exposure. You know, if the person deems that
8 they were in a facility that was either a
9 plutonium or they were exposed to neutrons.

10 **MR. GRIFFON:** Okay, well, I -- I don't know
11 that we can ge-- get a answer on the specifics,
12 but I think we just have -- I -- as -- I guess
13 --

14 **DR. WADE:** I put it on the agenda for December
15 --

16 **MR. GRIFFON:** Yeah, and part of the -- I guess
17 part of a -- the Board, I think we need to
18 follow this because how we define classes going
19 forward certainly becomes critical. I -- I'm
20 concerned that our class definition is
21 something that everyone can live with and we
22 serve the petitioners correctly, but also we
23 al-- we give DOL enough information that they
24 can do an appropriate -- a -- a job that -- in
25 the way that we expected it to be implemented,

1 so...

2 **DR. ZIEMER:** Thanks. Any other questions?

3 (No responses)

4 **REVIEW OF SEC PETITION WRITE-UPS**

5 Okay. Thank you, Jim. Next we have on the
6 agenda review of the SEC petition writeups. We
7 -- we just have two actions, and they both were
8 very straightforward and the Chair is wondering
9 if we even need to review these. The standard
10 wording will be used. We have the -- the NUMEC
11 posi-- petition which I -- I think Mike made
12 and, with the help of our standard template, if
13 -- if there's no objection, we'll just ask Mike
14 to provide me with -- and Jim, who is
15 assisting, to provide us -- or maybe you have
16 copies.

17 **DR. MELIUS:** I have -- I can circulate them if
18 people have time (unintelligible) --

19 **DR. ZIEMER:** Yeah, I think it's standard
20 wording and straightforward. We don't need to
21 take further action on it, and --

22 **DR. MELIUS:** And Larry has -- and his staff
23 have reviewed --

24 **DR. ZIEMER:** Have looked at it?

25 **DR. MELIUS:** -- reviewed these. I think Larry

1 has a comment on NUMEC that he wants to gi--
2 bring up. I don't think it necessarily changes
3 the letter.

4 **DR. ZIEMER:** Okay.

5 **DR. MELIUS:** I would just add there's also a Y-
6 12 rejection letter that --

7 **DR. ZIEMER:** Right.

8 **DR. MELIUS:** -- I did, so why don't we just
9 circulate some of that --

10 **DR. ZIEMER:** Sure, let's do that right now
11 then.

12 **DR. WADE:** Right, and on NUMEC now we're
13 operating -- until we reach decision that Dr.
14 Melius might be conflicted, so again, Larry, if
15 your comment on NUMEC is just informational,
16 that's fine. If the Board's going to
17 deliberate on it, we'll have to take
18 appropriate action.

19 **MR. ELLIOTT:** I don't think there's a
20 deliberation point here. I -- it's just a
21 comment that I feel needs to be made for the
22 record. The draft of the NUMEC recommendation
23 letter language is fine as it is couched.
24 However, when we draft the Secretary's
25 designation letter we will take note of the

1 caveats that are associated with internal and
2 external dose that can or cannot be
3 reconstructed. Those caveats may be found on
4 page 19 of 23 of the evaluation report. They
5 are important because they -- they -- caveat
6 number one goes to the reliability of the --
7 unreliability, the integrity of the SC-- of the
8 CEP data on internal dose.

9 And caveat two specifies that uranium bioassay
10 data is available from 1960 to 1976. And so if
11 you look in that table, we're saying we can
12 reconstruct that dose in that way.

13 And then caveat three specifies that where
14 available external data is included in an
15 individual's file, we will use that data to
16 reconstruct dose for partial dose
17 reconstructions. So this just provides the
18 specificity that I think we will make sure is
19 included in the Secretary's designation letter.
20 I don't think you have to change this current
21 letter that the Board is sending forward. Just
22 wanted to make sure that you were aware that's
23 the intent.

24 **DR. ZIEMER:** Yeah, we normally do indicate
25 those things that can be partially

1 reconstructed. I think we do have a -- there's
2 one sentence in here that refers to components
3 of the internal dose, the uranium, from '60 on,
4 and occupational medical. And then -- so
5 there's an additional component that we -- I
6 mean we normally do include those.

7 **DR. MELIUS:** In -- ac-- in assisting Mike, I --
8 it included the sentence there and I have
9 uranium after 1960, but I think it's --

10 **DR. ZIEMER:** I mean we -- we have in our
11 previous letters tried to include the things
12 that could be done in the partial dose
13 reconstructions. Now maybe we have not covered
14 them all. I think that -- we have the ur-- the
15 internal uranium, we have the occupational med.

16 **MR. ELLIOTT:** That's correct. What I guess
17 would be missing would be this comment that
18 external data in an individual's file would be
19 used for partial dose reconstructions.

20 **DR. ZIEMER:** But isn't -- that's always the
21 case, is it not?

22 **MR. ELLIOTT:** That is always the case, so --

23 **DR. ZIEMER:** Yeah, so that --

24 **MR. ELLIOTT:** That's why I (unintelligible)
25 change your letter. I just want it on the

1 record --

2 DR. ZIEMER: No, no.

3 MR. ELLIOTT: -- that that's -- that's the --

4 DR. ZIEMER: Right.

5 MR. ELLIOTT: -- intent behind --

6 DR. ZIEMER: Right.

7 MR. ELLIOTT: -- these caveats associated with
8 internal and external --

9 DR. ZIEMER: Right.

10 MR. ELLIOTT: -- dose.

11 DR. ZIEMER: 'Cause --

12 MR. ELLIOTT: And as we write up the
13 Secretary's designation letter --

14 DR. ZIEMER: Right.

15 MR. ELLIOTT: -- we'll make sure that they're
16 included --

17 DR. ZIEMER: Right.

18 MR. ELLIOTT: -- in that memo.

19 DR. ZIEMER: Right, and that is -- we
20 understand that. Right.

21 So if there's no objection, I'll -- I'll use
22 the -- I'll use this letter -- I -- I -- I can
23 see one change that will be made. This occurs
24 from an old template. This is not a Special
25 Exposure Cohort, this is a class of the Special

1 Exposure Cohort, so that last sentence will --
2 will change to reflect -- enclose the
3 supporting documentation where this class of
4 the Special Exposure Cohort, so I'll make that
5 change.

6 **DR. MELIUS:** Anybody else has grammatical --
7 that...

8 **DR. ZIEMER:** And then on the Y-12, it basically
9 says that we've evaluated the petition, that we
10 concur with the determination and the
11 supporting documents, so these are both
12 standard letters and I'll take it by consent
13 that the Chair should go ahead and -- and
14 prepare the final drafts of these.

15 **DR. WADE:** And for the record, Dr. Ziemer and I
16 have secured Dr. Lockey's vote on NUMEC. Dr.
17 Lockey voted in the affirmative -- oh, excuse
18 me.

19 **DR. ZIEMER:** Dr. Lockey voted in the
20 affirmative, so the vote on NUMEC is now 11 and
21 zero because Dr. Melius was at least --

22 **DR. WADE:** Temporarily.

23 **DR. ZIEMER:** -- temporarily conflicted, and
24 maybe permanently, but it won't affect the
25 outcome.

1 **DR. WADE:** When I speak of Dr. Lockey I get all
2 choked up.

3 **DR. MELIUS:** Don't we all.

4 **DR. LOCKEY:** And I'd say rightfully so.

5 **DR. ZIEMER:** Okay. We have suddenly moved to -
6 - we're now a half-hour ahead of schedule, just
7 like that. Wanda, may-- do you have a comment
8 or question?

9 **MS. MUNN:** Just a concern whether our letter
10 should even refer to the fact that additional
11 caveats to what we are saying will be included
12 in the NIOSH letter. It --

13 **DR. ZIEMER:** I think it's always -- this --
14 this is the form our letters have always taken.

15 **MS. MUNN:** Yes, I know.

16 **DR. ZIEMER:** Larry's statement applies --
17 that's always been the case, that partial dose
18 reconstructions are done where they can be
19 done. So I -- I don't think we have to say
20 that. And Larry's just pointing out that they
21 -- in their letter to the Secretary, they will
22 point that out as they make their
23 recommendation, and just to make sure that we
24 understand that that is the case. And in fact,
25 that's why we make the other statements that we

1 do. We -- we have recognized that certain
2 components can be reconstructed.

3 **MS. MUNN:** Just seemed a little different here
4 with this case to me, but that's fine.

5 **SUBCOMMITTEE AND WORK GROUP REPORTS**

6 **DR. ZIEMER:** Okay. Now we're ready to -- to
7 have the subcommittee and workgroup reports.
8 Let's begin with --

9 **DR. WADE:** Subcommittee.

10 **DR. ZIEMER:** Let's begin with the subcommittee,
11 Mark. Actually I'm going to have you do two
12 reports, the subcommittee on dose
13 reconstruction, and then the workgroup on blind
14 reviews.

15 **MR. GRIFFON:** Oh, okay.

16 **DR. MELIUS:** The record-setting workgroup.

17 **MR. GRIFFON:** Yeah. Yeah, these -- these
18 should be both quick updates.

19 The subcommittee met Wednesday and we had a
20 meeting actually in between the last Advisory
21 Board meeting and this meeting, as well. And
22 in both of those meetings we focused on the
23 fourth and fifth set of review cases, and at
24 yesterday's meeting we made a little more
25 progress toward closeout of the fourth and

1 fifth set of -- of cases, 20 cases in each set.
2 And we -- we're all shooting for final closeout
3 on all those items on the fourth and fifth set
4 -- final resolution by the next December 6th
5 phone call meeting, anticipating another
6 subcommittee meeting somewhere in between now
7 and -- and that Board meeting in Cincinnati.
8 I've -- I've held off on the exact time on that
9 until I find out just how long -- Stu Hinnefeld
10 has to look into how long some of the responses
11 are going to take, as well as SC&A, but we'll -
12 - we'll certainly circulate that information.
13 I'm going to -- and -- and before the next
14 subcommittee meeting I will also update our
15 matrices to show more specific on the -- the
16 resolution. A lot of -- I -- I'd say 85
17 percent of the items, the findings, have some
18 form of resolution at this point in the fourth
19 and fifth set. Sometimes the resolution is
20 SC&A and NIOSH have agreement on the finding.
21 Sometimes the resolution is that the -- further
22 work on the finding is deferred to the
23 procedures workgroup or to a site profile
24 review. It's an issue that was already being -
25 - under discussion on those workgroups so we

1 deferred it to those workgroups. But the
2 fourth and fifth set should be closed out prior
3 to -- and -- and open for discussion for the
4 full Board at the December 6th meeting.
5 I'll make sure I also circulate the final
6 matrices a few weeks before the December 6th
7 phone call meeting so that everyone can look
8 through all these and be ready to discuss as a
9 full Board.

10 The sixth set we -- we -- we did a preliminary
11 review of the sixth set with NIOSH responses to
12 the SC&A findings in our -- in our subcommittee
13 meeting in Cincinnati, and we did not really
14 discuss that yesterday-- Wednesday any further,
15 but we're beginning the resolution process on
16 the sixth set.

17 And I think -- the seventh set of cases I think
18 SC&A has probably set up meetings with most of
19 our -- most of the Board member teams, so
20 that's just -- just sort of initiating. SC&A's
21 got their report completed, but they're
22 discussing individual cases with the -- the
23 two- or three-person teams from the Board.
24 So that's kind of the status on -- on where the
25 subcommittee stands with -- with our reviews.

1 **DR. WADE:** Mark, you're expecting batch three,
2 four and five to bring to the December meeting?

3 **MR. GRIFFON:** Three -- three is done, but four
4 and five --

5 **DR. WADE:** Four and five --

6 **DR. ZIEMER:** Yeah, three is already gone --

7 **MR. GRIFFON:** Yeah.

8 **DR. ZIEMER:** -- to the Secretary.

9 **MR. GRIFFON:** Four and --

10 **DR. ZIEMER:** Do you anticipate that we could do
11 four and five as one report to the Secretary?

12 **MR. GRIFFON:** I -- I believe so, yeah, I
13 believe so. And that also brings us to a point
14 where we have 100 completed, and I think it
15 would be a good time to, as a subcommittee,
16 develop a summary report of --

17 **DR. ZIEMER:** Yeah, roll-up of the first 100
18 cases.

19 **MR. GRIFFON:** -- roll-up report of what we
20 found in the first 100 --

21 **DR. ZIEMER:** Right.

22 **MR. GRIFFON:** -- cases. And we'll -- we'll --
23 we'll work on that on the subcommittee as well.

24 **DR. ZIEMER:** And -- and a roll-up report could
25 also go to the Secretary to give the sort of

1 the over-- overview of what the first 100 cases
2 have shown.

3 **MR. GRIFFON:** Right. So that's -- that's -- I
4 guess that's basically where we are on the
5 subcommittee.

6 And I can quickly report on the workgroup,
7 unless you want me to --

8 **DR. ZIEMER:** No, you --

9 **MR. GRIFFON:** -- open it --

10 **DR. ZIEMER:** Well, let's see if there's any
11 questions --

12 **MR. GRIFFON:** -- any comments or questions --

13 **DR. ZIEMER:** -- on the subcommittee.

14 **MR. GRIFFON:** -- on the subcommittee, yeah.

15 (No responses)

16 **DR. ZIEMER:** Okay, let's do the -- the
17 workgroup.

18 **MR. GRIFFON:** The workgroup -- it -- part of
19 the -- the subcommittee also was looking at the
20 -- assigning blind reviews for SC&A to do, and
21 as -- it -- we -- we came up with a -- a
22 process, with the help of Paul and Lew and
23 others, a process was selected whereby we could
24 select cases without revealing the identity in
25 a subcommittee meeting so they'd be blind to

1 the contractor. And Paul selected a workgroup,
2 as you all know. Wanda and I took suggestions
3 from individual members of the subcommittee,
4 not a -- not a subcommittee recommendation but
5 individual members of the subcommittee selected
6 cases from a -- from a -- it was a list
7 provided to us by NIOSH. Basically a refined
8 list of best estimate type cases. I think
9 that's open to ev-- everyone's aware of that.
10 And then from that list, we -- each member made
11 a selection and Wanda and I met yesterday in
12 one of the shortest workgroups ever. We -- we
13 looked at all the results together and we have
14 two cases that we've selected for blind review
15 and I'm -- I'll submit those to NIOSH -- start
16 that process and they'll be then forwarded to
17 SC&A, obviously without identifiers at that
18 point. And that's -- so that's the closeout on
19 that workgroup, actually.

20 **DR. ZIEMER:** Did -- it just occurred to me that
21 even telling them that these are best estimate
22 cases, should we have --

23 **MR. GRIFFON:** Well, we -- I think we said that
24 in -- when we --

25 **DR. ZIEMER:** We agreed to that --

1 **MR. GRIFFON:** -- we had already agreed to that

2 --

3 **DR. ZIEMER:** -- already, okay, I couldn't --

4 **MR. GRIFFON:** -- yeah, that's why --

5 **DR. ZIEMER:** -- remember whether we'd done
6 that.

7 **MR. GRIFFON:** No, we had agreed to that in
8 public so I mean --

9 **DR. ZIEMER:** I mean obviously they would expect
10 that's what we would do, but I suppose you
11 could argue that maybe -- maybe we should see
12 how they handle even that issue --

13 **MR. GRIFFON:** Yeah.

14 **DR. ZIEMER:** -- but nonetheless, the cases are
15 selected and they will remain blind to the full
16 Board and -- or -- well, let me -- do we -- we
17 don't have to approve those -- or do we? We
18 can't really approve them.

19 **DR. MELIUS:** Approve the process.

20 **MR. GRIFFON:** Approve the process.

21 **DR. ZIEMER:** We would approve the process.

22 **DR. WADE:** We trust the process.

23 **DR. MELIUS:** Trust the -- yeah.

24 **MR. GRIFFON:** Yeah.

25 **DR. ZIEMER:** So these --

1 **DR. WADE:** Or not.

2 **DR. ZIEMER:** -- these'll be transmitted how,
3 from Stu to -- to SC&A?

4 **MR. GRIFFON:** Yeah, Stu maybe can speak to
5 this.

6 **DR. ZIEMER:** How this will proceed --

7 **DR. WADE:** Blind leading the blind.

8 **DR. ZIEMER:** That was off the record -- off the
9 record, Ray.

10 **MR. HINNEFELD:** I'm not offended by that. The
11 -- well, I think maybe we'll have a few e-mail
12 exchanges on that because exactly what is
13 provided I don't know that we've actually
14 talked about yet -- of the -- of the file -- of
15 the case file. I mean certainly we can't
16 provide the entire case file.

17 **MR. GRIFFON:** Right.

18 **MR. HINNEFELD:** We -- theoretically we will
19 provide those pieces of the case file that were
20 available on the date the draft dose
21 reconstruction was done. I -- you know, we
22 could provide that.

23 **DR. ZIEMER:** Yeah, I -- I think we agreed that
24 you would provide what you would provide a dose
25 reconstructor starting --

1 **MR. GRIFFON:** When they start --

2 **DR. ZIEMER:** -- at the front end of the
3 process.

4 **MR. GRIFFON:** And that's it, yeah.

5 **MR. HINNEFELD:** Okay.

6 **DR. ZIEMER:** So they would have access to -- to
7 the DOE records and the medical information and
8 --

9 **MR. HINNEFELD:** Right.

10 **DR. ZIEMER:** Whatever a -- whatever a
11 reconstructor would have at the front end of
12 the process -- the CATI reports, the whole
13 thing, is it not?

14 **MR. GRIFFON:** Yeah --

15 **MR. HINNEFELD:** Yeah, we can --

16 **MR. GRIFFON:** -- but no --

17 **MR. HINNEFELD:** -- put together -- we can put
18 that together, right.

19 **MR. GRIFFON:** But none of the --

20 **MR. HINNEFELD:** And I will provide it to --

21 **DR. ZIEMER:** Not the interviews after
22 something's been underway and not the
23 intermediate reviews of --

24 **MR. GRIFFON:** Right.

25 **DR. ZIEMER:** -- you know.

1 **MR. HINNEFELD:** Right. This would -- they
2 would have the information the dose
3 reconstructor has.

4 **MR. GRIFFON:** Right.

5 **MR. HINNEFELD:** Okay. Then we'll -- I can
6 provide that directly to SC&A or I can provide
7 it to the subcommittee or workgroup or however
8 you'd like it. It'd probably be -- probably if
9 it's two cases, it'd probably fit on one disk,
10 so...

11 **DR. ZIEMER:** Mark, do you want to have a copy
12 of the -- those two cases and --

13 **MR. GRIFFON:** Yeah, I guess it doesn't hurt to
14 have -- to forward it to SC&A and the
15 subcommittee members as --

16 **MR. HINNEFELD:** Okay.

17 **MR. GRIFFON:** -- that -- that seems fine to me,
18 yeah.

19 **MR. HINNEFELD:** That would be the --

20 **DR. ZIEMER:** Well, let -- let me just ask this,
21 and maybe Liz can help us here. If -- if
22 copies are provided to the subcommittee
23 members, since these are individual cases, they
24 still would not be made public, would they?

25 **MS. HOMOKI-TITUS:** (Off microphone)

1 (Unintelligible)

2 **DR. ZIEMER:** No. So we're okay on that.

3 **MR. GRIFFON:** Yeah.

4 **DR. ZIEMER:** So the subcommittee could have the
5 information about what case was provided.

6 Okay. It seems okay. Any concerns? Okay,
7 thank you.

8 Wanda?

9 **MS. MUNN:** I had assumed that they would be
10 given all of the information except identifying
11 names, numbers -- I had assumed that the
12 information -- that kind of information --

13 **DR. ZIEMER:** Well, they don't need the -- the
14 name -- well, but I think --

15 **MS. MUNN:** That kind of information is
16 (unintelligible) --

17 **DR. ZIEMER:** It's not necessarily redacted
18 because you're going to have --

19 **MS. MUNN:** That's right, they (unintelligible)
20 --

21 **DR. ZIEMER:** -- the whole file is going to have
22 information about where they worked and --

23 **MS. MUNN:** Yes, but it would not have --

24 **DR. ZIEMER:** Well, they don't need the number,
25 obviously --

1 **MS. MUNN:** Nor the --

2 **DR. ZIEMER:** -- the case number.

3 **MS. MUNN:** Nor Social Security numbers nor
4 actual names.

5 **DR. ZIEMER:** They don't -- they don't -- I
6 don't know if -- if -- I don't know if it's
7 critical that the name be redacted or not
8 because it's not going to enter into the
9 determination of the --

10 **MR. HINNEFELD:** A redaction would make this
11 really complicated, from our standpoint. I
12 mean if we were to do it -- just provide what
13 the dose reconstructor had, I mean the --

14 **DR. ZIEMER:** I don't think knowing the name
15 helps the -- helps the -- the reconstructor,
16 per se.

17 **MS. MUNN:** No, it shouldn't.

18 **DR. ZIEMER:** No. Okay, thank you.

19 **MR. GRIFFON:** Right.

20 **DR. ZIEMER:** Any other questions on that?

21 (No responses)

22 Okay, let's go on to the other committee -- or
23 workgroups. Do you have the list handy --

24 **DR. WADE:** I do, actually.

25 **DR. ZIEMER:** Maybe you could just work us

1 through that then. I don't have my list right
2 here.

3 **DR. WADE:** Just reading from the top of the
4 list as provided, Rocky Flats site profile and
5 SEC petition workgroup; Mark Griffon, chair.

6 **MR. GRIFFON:** No further report from Rocky
7 Flats at this point.

8 **DR. WADE:** Nevada Test Site site profile
9 workgroup; Robert Presley, chair.

10 **MR. PRESLEY:** We meet -- well, we meet the 25th
11 of October in Cincinnati. And if it's all
12 right with HHS, 9:00 o'clock, can you all be
13 there? We have talked the last two days with
14 HHS and also SC&A, and the documents Arjun's
15 going through. The TBD will be -- his
16 evaluation will be delivered to the Board
17 members and HHS right around the 10th. We will
18 have a new matrix, hopefully in the next two
19 weeks, from HHS. We will be ready to go on the
20 25th, hopefully to make a decision on this for
21 the NTS meeting in January.

22 **DR. ZIEMER:** And you have a new member and I
23 know you're aware that he--

24 **MR. PRESLEY:** That's correct --

25 **DR. ZIEMER:** -- needs to be brought up to speed

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MR. PRESLEY: -- and Phillip is being --

DR. ZIEMER: -- on past documents.

MR. PRESLEY: -- Phillip is being added to everything, everybody's aware of it and he will be getting the same documents the rest of us do.

DR. ZIEMER: Yeah, and some -- some past documents, if needed.

MR. PRESLEY: If needed, yes.

DR. ZIEMER: Thank you.

DR. WADE: Hanford site profile and SEC petition; Dr. Melius, chair.

DR. MELIUS: Yeah, I believe I reported on that yesterday.

DR. ZIEMER: We did report on that.

DR. MELIUS: Nothing's happened since.

DR. WADE: Okay.

DR. MELIUS: Not quite as quick as Mark at...

DR. WADE: Savannah River Site site profile workgroup; Mark Griffon, chair. Note Phillip Schofield has been added to this workgroup as well.

MR. GRIFFON: And -- and we -- we have not met since our last meeting. I -- I -- I think that

1 was before the last Board meeting so I already
2 reported on that. We did recently get an
3 updated report from SC&A on Savannah River, so
4 I think it -- that -- that we will schedule a
5 meeting shortly on Savannah River to keep that
6 process moving.

7 There -- there is one -- one question I have on
8 Savannah River, maybe just to -- to clarify
9 things 'cause I'm concerned about us spinning
10 our wheels a little bit on the workgroup. I
11 think that the SC&A report is -- is based on
12 Rev. 3 and I think there's now a Rev. 4-E
13 that's out. And if it's substantially
14 different, I -- I -- I'm concerned that we
15 start to go through our resolution process on
16 Rev. 3 and everything -- all our answers are
17 that well, it was addressed in 4-E and then
18 we're back at, you know, do we have SC&A start
19 to review Rev. 4-E -- so I don't know, maybe --
20 maybe NIOSH can -- can anyone speak to that?
21 Is there major -- yeah -- I guess maybe that's
22 something we just have to -- I -- I can e-mail
23 and --

24 **DR. NETON:** Yeah, I -- I'm not familiar --

25 **MR. GRIFFON:** -- clarify that, yeah.

1 DR. NETON: -- at this point.

2 DR. ZIEMER: Let's see the -- the NIOSH liaison
3 for that group is who?

4 MR. GRIFFON: Sam.

5 DR. WADE: Sam Glover.

6 DR. ZIEMER: Sam?

7 MR. GRIFFON: Yeah.

8 DR. ZIEMER: Maybe have Sam --

9 MR. GRIFFON: Yeah, I'll contact Sam and --

10 DR. ZIEMER: -- determine or let you know the
11 extent to which that's substantially different
12 and --

13 MR. GRIFFON: Right.

14 DR. ZIEMER: -- if so, then we need to see
15 whether or not SC&A needs to look at the new
16 material.

17 MR. GRIFFON: Yeah, I do want to -- I do want
18 to get that process moving, but I don't want to
19 --

20 DR. ZIEMER: Yeah.

21 MR. GRIFFON: -- waste our time, either, so...

22 DR. ZIEMER: Okay.

23 DR. WADE: SEC issues group, paren, including
24 the 250-day issue and preliminary review of
25 83.14 SEC petitions; Dr. Melius, chair. Ms.

1 Beach has been added as a member.

2 **DR. MELIUS:** Yeah. On the 250-day issue, SC&A
3 is actively working on a -- a review of a
4 number of issues related to the Nevada Test
5 Site. I'm not sure we have a schedule on that.
6 Maybe Arjun can update me on the -- the timing
7 for that, but we will -- I think -- believe --
8 we should be having a workgroup meeting as soon
9 as we have a report from -- from SC&A on that
10 to -- to work off of and...

11 **DR. MAKHIJANI:** Dr. Melius, I can send you a
12 report I think by the middle of the month --

13 **DR. MELIUS:** Okay, I -- oh -- I

14 **DR. MAKHIJANI:** -- based --

15 **DR. MELIUS:** -- I didn't want to --

16 **DR. MAKHIJANI:** -- based on the preliminary
17 materials that I sent you.

18 **DR. MELIUS:** Right.

19 **DR. MAKHIJANI:** Which would be a review of what
20 Dr. Neton had --

21 **DR. MELIUS:** Right.

22 **DR. MAKHIJANI:** -- sent us.

23 **DR. ZIEMER:** While we're talking about this,
24 recall that we committed yesterday to asking
25 this workgroup to also include the -- the --

1 DR. MELIUS: NU-- NUMEC.

2 DR. ZIEMER: -- NUMEC --

3 DR. MELIUS: Correct.

4 DR. ZIEMER: -- issues, and I don't know
5 whether -- whether SC&A is al-- may have not
6 looked at NUMEC, but at least it -- tho--

7 DR. MELIUS: Yeah, we'll --

8 DR. ZIEMER: -- you're aware of that and --

9 DR. MELIUS: Yeah, we -- we'll figure out --
10 but if you remember, this -- this committee's
11 trying to come up with a generic --

12 DR. ZIEMER: Right, right.

13 DR. MELIUS: -- approach to it, so -- and we --
14 we're focusing on -- on two sites, the Ames
15 site in Iowa and we -- we already have a rep--
16 report on that. We just need to get that --
17 meet with NIOSH about that, and then we have
18 this other activity that's -- report that's --
19 will be coming out, as Arjun said, the middle
20 of the month. I think we're going to focus on
21 those two first, and then I think --

22 DR. ZIEMER: Right.

23 DR. MELIUS: -- the question will be --

24 DR. ZIEMER: And those -- those may, depending
25 on the outcome there, may automatically pick up

1 NUMEC --

2 DR. MELIUS: Yeah.

3 DR. ZIEMER: -- had two things. One was near
4 criticality, which is not a criticality, by
5 definition, so --

6 DR. MELIUS: Right.

7 DR. ZIEMER: -- so it -- that sort of drops
8 out, and the other issue is fires, and I think
9 you're looking at fires in other cases anyway,
10 so...

11 DR. MELIUS: Yeah, and -- exactly, and -- an--
12 anyway, I -- I think if we -- we have a report
13 middle of month we'll be doing a -- hopefully
14 doing a workgroup meeting in November and,
15 maybe optimistically, resolving something to
16 come back to the Board for our January meeting
17 for a vote.

18 DR. ZIEMER: Thank you.

19 DR. WADE: Procedures review workgroup; Ms.
20 Munn, chair.

21 MS. MUNN: The procedures workgroup met in
22 August, the 28th, and are trying to work
23 through a very long list of outstanding
24 individual findings with respective procedures.
25 We have had some exchanges during the interim

1 and met again for a full day meeting just prior
2 to this full Board meeting. That meeting
3 occurred on Tuesday, October the 2nd. We have
4 moved a number of findings through resolution.
5 We're working from an action item list right
6 now, which still has too large a number of
7 unresolved issues on it. It is our
8 expectation, especially in light of the fact
9 that this last few weeks we've received two
10 extremely important responses from SC&A to very
11 significant documents that have been released
12 in recent months. These will add a small
13 number of findings, but very significant
14 findings, to our list of outstanding items.
15 We've already advised a number of people that
16 one of those reports on Procedure 0092, which
17 has generated a great deal of outside interest,
18 will be incorporated in our activities but will
19 not receive priority attention in view of the
20 fact that we will place it in queue so that it
21 follows as it should the other significant
22 items which we still are addressing.
23 We currently have scheduled two, actually
24 three, things which we hope will help a little.
25 We had a significant discussion with respect to

1 the cumbersome nature of the matrices we are
2 currently dealing with. They've reached a
3 point where it's difficult for us to move from
4 one matrix to the other, and the terminology is
5 confusing for everyone. So our -- our -- we --
6 we are asking our contractor to take a look at
7 reformatting. They presented a potential
8 format for us and we're going to try that as a
9 straw man to see if it works pretty well. We
10 have a sub-group of our committee that's going
11 to take a look at the straw man that they
12 present and we'll convene -- that small group
13 will meet by telephone on November 2nd to see
14 if we have something that we want to replace
15 our current format with.

16 Then we will have a meeting -- a telephone
17 conference of the entire workgroup on Wednesday
18 the 7th of September (sic). That will be --

19 **MS. BEACH:** November.

20 **DR. ZIEMER:** November.

21 **MS. MUNN:** November, excuse me -- well, no, we
22 get to December, too, but yes, November the
23 7th. And at that time we will make some
24 decisions with respect to the new format and
25 what's going to be incorporated on it, how it's

1 going to, hopefully, work.

2 Then the group will meet face-to-face on
3 December 11th in Cincinnati to undertake the
4 new items that have been added to the -- what
5 we hope will be a new format at that time.

6 **DR. ZIEMER:** Okay, so here's a workgroup that
7 has a workgroup.

8 **MS. MUNN:** We do have a workgroup in our
9 workgroup, yeah.

10 **DR. ZIEMER:** Okay, thank you.

11 **DR. WADE:** The next --

12 **DR. ZIEMER:** No, a question first -- question.

13 **DR. MELIUS:** Fir-- fir-- first, I'm im--
14 impressed by the energy and activity of -- of -
15 - of the workgroup and -- however, I would
16 question the issue -- I believe Wanda was
17 referring to the recent report that came out on
18 the -- the closeout interview process --

19 **MS. MUNN:** Yes.

20 **DR. MELIUS:** -- so forth, and I would ask the
21 workgroup to reconsider the prioritization of
22 that. I -- I think for -- for two reasons.
23 One is that I -- I do think it -- it's -- it
24 has gotten some publicity and will -- may very
25 well continue to get some publicity, and I

1 think it behooves us to be trying to address
2 that in as timely fashion as possible.
3 Secondly, I believe that -- you know, should
4 the -- that one of the recommendations --
5 possible recommendations, I don't want to
6 prejudge too much, but I -- for addressing some
7 of those issions (sic) are -- are QA/QC issues
8 within the -- the program. Once upon a time a
9 long time ago, many years ago, we did have a
10 review of that process which raised some of
11 these issues. I think it was -- I think Tony
12 Andrade was actually -- chaired that -- that
13 workgroup --

14 **MS. MUNN:** I believe so.

15 **DR. MELIUS:** -- I wa-- I was a member. I don't
16 remember who else was on it, but -- but -- but
17 I think that's -- we may want to revive that as
18 -- that workgroup or a new workgroup to -- to
19 focus on -- on that issue 'cause I think that,
20 at least to me, is one of the issues that's
21 raised by -- by that report and I think we need
22 to decide how to move forward and I -- and I'd
23 hate to have us in a position of having the
24 program under criticism and the -- and the
25 Board not taking action -- working in

1 conjunction with -- with NIOSH to address what,
2 you know, at least is -- to me is a very
3 serious potential problem.

4 **MS. MUNN:** I did not mean to infer that we were
5 going to put Procedure 92 under a barrel
6 somewhere. *Au contraire*. Quite necessary for
7 our next step is for the agency to have an
8 opportunity to review those findings and
9 respond to them in depth. Because they are of
10 significant interest, we would anticipate
11 having feedback from the agency by the time we
12 have our next face-to-face meeting in
13 Cincinnati, and I -- I think the agency's aware
14 of that.

15 **DR. MELIUS:** Okay, thank you. I -- I --

16 **DR. ZIEMER:** Yeah.

17 **DR. MELIUS:** That was not what you -- or was --
18 at least what I understood from your report.

19 **DR. ZIEMER:** Sounded like it was going to the
20 end of some long queue --

21 **DR. MELIUS:** Exactly, yeah.

22 **DR. ZIEMER:** -- and I think what Wanda's saying
23 is actually we're going to be awaiting some
24 response and then go from there.

25 **DR. MELIUS:** Which is appropriate, I know.

1 **DR. ZIEMER:** Mark.

2 **MR. GRIFFON:** And one other thing I was going
3 to -- along those lines, we had a discussion in
4 the -- in the procedures workgroup. One of the
5 recommendations was -- from SC&A, and I --
6 again, I agree that the agency's still
7 reviewing these, but one recommendation was to
8 have the Board actually do follow-up interviews
9 with some of the individuals that they had
10 looked at in their inve-- in their review. And
11 I know this is a issue -- I -- I think I -- I
12 submitted some lang-- you know, sort of
13 language to be considered by NIOSH as to
14 whether we could do this --

15 **DR. ZIEMER:** Yeah --

16 **MR. GRIFFON:** -- and I think we've had this
17 discussion before about the Board interviewing
18 claimants and --

19 **DR. ZIEMER:** Actually I think we were going to
20 suggest that at this point in the meeting Mark
21 officially raise the question, were we not?
22 The question is really the legal aspects of
23 going back and physically rev-- interviewing
24 people. Is that not -- or maybe you want to
25 frame --

1 **MR. GRIFFON:** Right, I ac-- I actually --

2 **DR. ZIEMER:** -- the question for us.

3 **MR. GRIFFON:** -- don't have it written down. I
4 think Lew might even have it, or -- but I -- it
5 -- it -- the difference -- the difference -- I
6 think one distinction that we have to make here
7 is that we want to re-interview for the
8 purposes of -- of reviewing the effectiveness
9 of the interview process, not --

10 **DR. ZIEMER:** Not the content.

11 **MR. GRIFFON:** -- not the content of -- right,
12 right, so not getting new information for the
13 DR process, but how -- just to -- interview
14 them to see was the -- was the closeout
15 interview, you know --

16 **DR. ZIEMER:** Effective and --

17 **MR. GRIFFON:** -- effective and --

18 **DR. ZIEMER:** -- useful and --

19 **MR. GRIFFON:** -- you know, what -- what are
20 their -- get -- get their insight on the
21 closeout interview process, not, you know, do
22 you have more information to offer to your DR.
23 That -- that wasn't -- that's not the purpose -
24 - that wouldn't be the purpose of this if we --
25 if we chose to do it, and we're still not --

1 you know, the workgroup's not in a position --
2 'cause we haven't heard back from the agency,
3 but if -- if we go that route --

4 **DR. ZIEMER:** If the Board --

5 **MR. GRIFFON:** Right.

6 **DR. ZIEMER:** -- decides that we should do that,
7 can we do it legally.

8 **MR. GRIFFON:** Right, right.

9 **DR. ZIEMER:** So --

10 **DR. WADE:** If it's the sense of the Board that
11 I bring you back an answer to that question in
12 December, then I will. I do have your words --
13 I don't have them in front of me -- so I know -
14 -

15 **MR. GRIFFON:** Yeah.

16 **DR. WADE:** -- precisely what the question is,
17 and we'll seek a legal opinion and bring it --
18 bring back a policy judgment in December.

19 **DR. ZIEMER:** So Board members, so you
20 understand what Mark is asking, there's a
21 recommendation in the -- what -- what's the
22 name of the report? It's an SC&A -- or a --

23 **MS. MUNN:** Procedure 92.

24 **DR. ZIEMER:** Yeah, it -- I -- the -- the --

25 **MS. MUNN:** Closeout procedure --

1 **DR. ZIEMER:** Yeah.

2 **MS. MUNN:** Closeout interview procedure.

3 **DR. ZIEMER:** Yeah, the closeout interview
4 procedure, and there --

5 **DR. WADE:** I think Liz has --

6 **DR. ZIEMER:** -- we have not necessarily adopted
7 the recommendations, but should we, can we do
8 it.

9 **DR. WADE:** Liz, can you read Mark's words?

10 **MS. HOMOKI-TITUS:** Sure. One of the
11 recommendations of SC&A's review of Proc. 92
12 was the Board interview those claimants who
13 were the subject of the SC&A review to gain a
14 better understanding of the claimants' opinion
15 on the effectiveness of the closeout interview
16 process. If the workgroup/Board accepts SC&A's
17 recommendation, can the Board conduct such
18 interviews with the narrow purpose of gaining
19 insight from the claimants' standpoint on the
20 effectiveness of the closeout interview
21 process.

22 That's the question we'll address.

23 **MR. GRIFFON:** I couldn't have said it better.

24 **DR. WADE:** You did say that.

25 **DR. ZIEMER:** In fact that's what you said.

1 **MS. MUNN:** You did.

2 **DR. ZIEMER:** So we're not asking the Board to
3 make a determination as to whether there should
4 be an interview at this point. That's an SC&A
5 recommendation. It has to go through the
6 workgroup. The workgroup will make a
7 recommendation to the full Board on that issue.
8 Should the Board decide that it does wish to
9 adopt that recommendation, then Mark's question
10 is can we legally do it, and that's what the --
11 is there any objection to asking that the --
12 that Lew pursue that and determine, prior to us
13 actually making a Board determination that
14 we're adopting that as a policy, to -- to go
15 ahead and get the legal background for it? Any
16 objection?

17 **DR. MELIUS:** Well, I -- I'd just like a
18 clarification -- I mean I would prefer that we
19 pursue this not as, you know, requesting a
20 legal opinion but a discussion with our -- our
21 counsel over that issue, including the
22 circumstances where it might be allowed, not
23 allowed, what are -- what are some of the
24 concerns about it, so we have a -- 'cause it's
25 -- this is not the only instance and -- again,

1 once upon a time a long time ago, we -- we
2 discussed this when we were initially doing the
3 -- going through how we were going to do
4 individual case reviews and -- and we deferred
5 on this for several years and -- and some of us
6 have some pretty strong opinions on it but --
7 but I -- so I'd much rather have a discussion
8 at the December meeting, not a -- you know, an
9 all out yes or no with -- or if it's a yes or
10 no, at least let's have some discussion on --
11 on how we would -- would do that and so forth.

12 **DR. WADE:** Makes sense, yes. We'll --

13 **DR. ZIEMER:** Well, that -- that's fine then,
14 too.

15 **DR. WADE:** -- put a discussion of that on the
16 agenda.

17 **DR. MELIUS:** Yeah.

18 **DR. ZIEMER:** I think it's part of the same
19 thing, what are the bot-- ground rules under
20 which you can --

21 **DR. MELIUS:** Yeah, exactly, yeah.

22 **MR. GRIFFON:** (Off microphone) (Unintelligible)
23 ground rules, just the narrow --

24 **DR. ZIEMER:** Right.

25 **MR. GRIFFON:** -- (unintelligible) that I...

1 **DR. MELIUS:** I mean just --

2 **DR. ZIEMER:** We'll take it by consent that --

3 **DR. MELIUS:** Yeah, I mean --

4 **DR. ZIEMER:** -- we should pursue that.

5 **DR. MELIUS:** Yeah -- yeah, I mean there's --
6 there's different issues, there's issues regar-
7 - there's privacy issues, ther-- there's also
8 issues about the nature of the -- the process
9 of -- of where things are in terms of
10 adjudication and so forth, so that -- that's
11 why I think it's more helpful to have a
12 discussion rather than...

13 **DR. ZIEMER:** Yeah. Okay, next workgroup?

14 **DR. WADE:** The use of surrogate data; Dr.
15 Melius, chair.

16 **DR. MELIUS:** The surrogate data workgroup had a
17 very quick meeting yesterday. In fact we -- we
18 didn't even have a chance to sit down. And ha-
19 - have a way forward with SC&A. We need to do
20 a little work to clarify exactly what they will
21 do as -- as their next step. They have already
22 done an in-- inventory of procedures,
23 evaluations of what the situations which NIOSH
24 is -- are using surrogate data in various parts
25 of -- various parts of this process and --

1 think we have a way of -- have to try to review
2 that process in a generic way and to be able to
3 go forward and deliberate on that as a -- as a
4 workgroup. So as I said, we need to talk a
5 little bit more with SC&A to get that process
6 forward -- figure the timing -- again I think
7 it's something that would expect we'd have at
8 least one meeting befo-- of that workgroup
9 before our January meeting.

10 **DR. ZIEMER:** Thank you.

11 **DR. WADE:** As is our custom, I, as the
12 Technical Project Officer, would work with your
13 workgroup chair in terms of tasking SC&A. I do
14 think that this would fall under their task to
15 review procedures, and I'm comfortable with
16 that. But the details are yet to be determined
17 but again, you've empowered your workgroup
18 chairs to -- to task the contractor and I'll
19 work with Dr. Melius.

20 **DR. ZIEMER:** Thank you.

21 **DR. WADE:** The workgroup on worker outreach;
22 Mike Gibson, chair.

23 **MR. GIBSON:** We've been working with Larry's
24 staff and they, through, ORAU, put together
25 some training last week for us to get us up to

1 speed, give us access to the WISPR database,
2 the -- the worker comment database. So we're
3 starting to look into that and see what we can
4 -- information we can get out of that.

5 They've also -- Larry's staff's provided us
6 with some dates for the various type of worker
7 meetings they put on, the -- the town hall
8 meeting, the worker outreach, et cetera. I
9 attended one a couple weeks ago and couple
10 members of the working group are going to
11 attend a -- try to attend a meeting in a couple
12 weeks in Texas City so we can get a feel for
13 the different types of meetings. And then
14 hopefully, if we can, we'll try to have a
15 meeting sometime in the -- the late
16 October/November time frame, if we can
17 coordinate it when everyone might be in town
18 for the other working group meetings.

19 **DR. ZIEMER:** Thank you. Linde Ceramics site
20 profile workgroup; Dr. Roessler, chair.

21 **DR. ROESSLER:** I'm pleased to have something to
22 report this time. We held our last meeting on
23 March 26th and actually that was our first
24 meeting. At that time we did the usual going
25 over the SC&A matrix. We made some assignments

1 to NIOSH. Also at that time we had the
2 expectation that there would be more urinalysis
3 data that would be pertinent to the Linde site
4 and we have learned recently that there are no
5 more urinalysis data. They -- the records were
6 mistakenly identified to be Linde but they --
7 they were not.

8 Nevertheless, Joe Guido at ORAU is working up
9 the -- through the rest of the assignments. He
10 has a preliminary report. The final will be
11 available to us before November 15th. So
12 because we will get that, we will be able to
13 schedule another workgroup meeting, and I'll
14 talk about that in a minute.

15 There is something else I think I need to
16 report. I received this from Chris Crawford
17 just the other day, and I'm going to read it so
18 that I have it exactly right.

19 He said (reading) The DOL has decided that the
20 Linde site is a DOE site, except for employees
21 who worked exclusively at the Linde lab,
22 Building 14, which remains an AWE site.

23 He continues (reading) This has several
24 implications, as I understand it. First it
25 means that some contractors at the Linde site,

1 mostly D&D workers during the cleanup from 1950
2 through 1953, are now eligible claimants.
3 Second, the main Linde site will no longer have
4 a residual radiation period, which will limit
5 claims based on employment after 1953. And
6 then third, by implication, only employees who
7 worked exclusively at Building 14 will be able
8 to include the residual period in their claims.
9 So we have some new information to work with.
10 I'm glad Mark is still here because we are
11 trying to get a workgroup meeting set up as --
12 this has to do with you, as --

13 **MR. GRIFFON:** Oh, okay.

14 **DR. ROESSLER:** -- I'm going to ask something
15 from you. It's very difficult if we don't get
16 the final report or we -- let's say we get it
17 November 15th, SC&A needs some time with it,
18 the workgroup needs some time with it. That's
19 a bad time of year, I have found talking to
20 workgroup members, to try and get together. So
21 what I'm proposing, and I haven't talked to the
22 NIOSH people or SC&A specifically about this,
23 but several workgroup members suggested January
24 8th, which is the first day of our Board
25 meeting. It's the -- I would suggest the

1 morning of January 8th. I know Mark usually
2 has his dose reconstruction meeting starting
3 about 9:30. I'm kind of hoping we can meet
4 about 8:00, push you back to about 10:00 so we
5 could have a couple hours to meet that morning.
6 And if that would work with you, I will then
7 contact the rest of the people involved and
8 we'll see what we can set up, so that's
9 tentative right now.

10 The only other thing I'd like to report is the
11 transcript from our March meeting is available.
12 I believe just to the workgroup members right
13 now. It's not on the web site yet.

14 **DR. WADE:** So for the record, we'll try on
15 January 8th first to have a workgroup on Linde
16 and then about 10:00 a subcommittee meeting.
17 As Dr. Melius mentions, we can push back the
18 start of the Board meeting if you need time.

19 **DR. ROESSLER:** I'll have to check with SC&A and
20 NIOSH first. I haven't done that.

21 **DR. WADE:** Okay. Well, let me know and we'll
22 make that happen.

23 **DR. MELIUS:** I don't want to take up much time
24 at this meeting, but I am puzzled by the -- the
25 status of -- of some of the issues you -- you

1 have -- you raised regarding, you know,
2 residual time periods and -- and -- and so
3 forth and would like to get some more
4 information on that if you have any or if
5 someone can provide it. It's --

6 **DR. ROESSLER:** I actually do --

7 **DR. MELIUS:** -- very puzzling.

8 **DR. ROESSLER:** I felt the same way. It was
9 rather new to me. I talked with -- Paul was
10 not aware, but either it's new inf--

11 **DR. ZIEMER:** First I heard it was today, as
12 well, and --

13 **DR. MELIUS:** Yeah, I --

14 **DR. ROESSLER:** It's new information. I did
15 talk to Jeff, and I don't know if you want to
16 make any further comments on it at this point
17 or...

18 **DR. ZIEMER:** I'm not sure we even know what
19 brought about the change --

20 **DR. ROESSLER:** That was my question to Jeff,
21 and I'm not sure we know.

22 **MR. KOTSCH:** I have to admit that I -- I'm not
23 that intimately familiar with that change. I
24 don't usually get involved with those things.
25 We can check into it and get back to you. I'm

1 confused as to why --

2 **DR. ZIEMER:** Maybe Pat Worthington can help us
3 with this.

4 **DR. MELIUS:** Well --

5 **DR. WORTHINGTON:** It's really the same kind of
6 response. We certainly are aware of the -- of
7 the mixed time periods and whether it's AWE or
8 DOE, and I was just going to update the people
9 back in Germantown, but we can look into it
10 further and -- and get back --

11 **DR. MELIUS:** Yeah, that --

12 **DR. ZIEMER:** I don't think we -- we know
13 exactly what's happened so --

14 **DR. ROESSLER:** Well, somebody's on the phone
15 maybe.

16 **DR. MELIUS:** What -- what we could --

17 **DR. ZIEMER:** We have someone on the phone that
18 maybe --

19 **UNIDENTIFIED:** Joe Guido.

20 **DR. ZIEMER:** Joe Guido's on the phone. Okay,
21 Joe. He's the guy that --

22 **MR. GUIDO:** (Unintelligible) EEOICPA circular
23 number DOL, that might be helpful. It's
24 circular number 07-07 published September 5th,
25 2007. I think that's available on the web at

1 the DOL site. That would be the reference to
2 verify at least the text of the decision. So I
3 don't know if that's helpful to you guys,
4 but...

5 **DR. ZIEMER:** Was -- I'm sorry, was that a --
6 was that --

7 **DR. WADE:** Circular 07-07.

8 **DR. ZIEMER:** Joe, could you repeat that again,
9 the reference?

10 **MR. GUIDO:** It's -- the circular number is 07-
11 07, and it was published September 5th, 2007.

12 **DR. ZIEMER:** And was that on the DOL web site
13 then?

14 **MR. GUIDO:** (Unintelligible) this e-mailed to
15 me, but I believe you can get these if you -- I
16 think I did a Google search on just EEOICPA
17 circular number 07-07 and I was able to find it
18 again.

19 **DR. ZIEMER:** Okay. Thank you.

20 **DR. ROESSLER:** Thank you.

21 **MR. GUIDO:** Official --

22 **DR. ROESSLER:** Thank you, Joe.

23 **MR. GUIDO:** -- (unintelligible) these are, but
24 they are -- it is published by Department of
25 Labor.

1 DR. ZIEMER: Okay.

2 DR. MELIUS: Well, some of us may take a look
3 at that and then if we're still puzzled we may
4 still need a briefing at our next meeting --

5 DR. ZIEMER: Well, we -- we will --

6 DR. MELIUS: -- (unintelligible) Cleveland.

7 DR. ZIEMER: I think the chairman of the
8 workgroup is also --

9 DR. MELIUS: Yeah.

10 DR. ZIEMER: -- frankly, puzzled at this point.

11 DR. ROESSLER: We can probably report on that
12 in our December conference call.

13 DR. MELIUS: Yeah.

14 DR. ZIEMER: Thank you.

15 DR. WADE: Captured it.

16 DR. ZIEMER: Okay.

17 DR. WADE: More, Gen, or done?

18 DR. ROESSLER: I'm done.

19 DR. WADE: Workgroup on LANL site profile and
20 SEC petition; Mark Griffon, chair.

21 MR. GRIFFON: LANL workgroup has not met. I --
22 I think we're waiting still for a updated site
23 profile from NIOSH, and I don't think it makes
24 sense to have any meeting, al-- although, you
25 know, we have a outstanding SEC -- it -- it's

1 contingent on this -- this change --
2 modification in the site profile, so I don't
3 know if anyone from NIOSH can give me a sense
4 of where that stands. But I will follow up on
5 that with the NIOSH contact and, you know, as
6 soon as it makes sense to schedule that,
7 obviously we want to get it on the -- on the --

8 **DR. WADE:** Right.

9 **MR. GRIFFON:** -- agenda.

10 **DR. WADE:** Three points in closing. Blockson,
11 Fernald and Chapman, I didn't ask for those
12 reports. We had reports --

13 **DR. ZIEMER:** We had them yesterday.

14 **DR. WADE:** -- yesterday on those. Dr. Lockey
15 has asked -- there is a -- a workgroup that's
16 inactive on conflict of interest. He asked
17 that I explain again why and place the
18 responsibility where it exists. The
19 Secretary's position --

20 **UNIDENTIFIED:** (Off microphone)

21 (Unintelligible)

22 **DR. WADE:** -- the Secretary's position is that
23 this workgroup has not been chartered to look
24 at conflict of interest issues --

25 **DR. ZIEMER:** This -- this Board has not.

1 **DR. WADE:** This Board has -- I'm sorry, this
2 Board has not been charged with looking at
3 conflict of interest issues. The argument that
4 that is part of their normal administrative
5 procedures has not been accepted to this point.
6 An attempt to modify the charter has been
7 rejected at this point because the enabling
8 legislation that has given rise to the Board
9 didn't call for conflict of interest. We are
10 continuing to raise the issue. I think the
11 work of that workgroup would be well to have
12 proceed, but we are not in position to do that.
13 I would ask that you hold it as inactive for a
14 bit longer in hopes that maybe we can break the
15 logjam. But right now that's where it is. It
16 is no reflection on the workgroup or its chair.

17 **DR. ZIEMER:** Does that complete the list?

18 **DR. WADE:** That's the list. I have one other
19 request by Mike, very quickly.

20 **DR. ZIEMER:** Yes, uh-huh.

21 **DR. WADE:** You know, we have your contractor
22 ta-- funded now for this next fiscal year. We
23 have to start to give them work. Again, dose
24 reconstructions will begin to flow. We need to
25 think about procedures we would want them to

1 review next year, and I think out of the
2 procedures workgroup we're starting to identify
3 those. I would like to put this item on the
4 agenda for December.

5 We also need to think about additional site
6 profiles, either new site profiles or site
7 profiles that are indeed -- have been reissued,
8 to have them reviewed. So I would like to put
9 that on the agenda for December.

10 One action that I intend to take, SC&A has been
11 reviewing Hanford. Again, we now have -- we're
12 now into the phase of the second part of the
13 Hanford petition being considered. I consider
14 that, and I've talked to Dr. Melius, that this
15 would be considered as a new SEC review for
16 SC&A this year that we're in now, and they
17 could work and bill that accordingly. I think
18 that's appropriate.

19 We do need to think about site pros-- profiles
20 for them and procedures for them.

21 **DR. ZIEMER:** Thank you.

22 **MR. GRIFFON:** Can --

23 **DR. ZIEMER:** Comment? Yeah, Mark.

24 **MR. GRIFFON:** I just -- and -- and I agree, we
25 can talk more in depth in the December meeting,

1 but I was wondering myself -- there's TIB-6000
2 and 6001, and I don't know if they're under our
3 procedures workgroup currently or if they're
4 not. And if they are, I'm almost thinking they
5 might -- we might want to pull those out of the
6 procedures workgroup and have a separate
7 workgroup and task for those. Those are
8 humongous efforts. I think they're basically
9 mini site profile reviews for a lot of these
10 uranium -- or AWE sites, and I don't know if
11 we've tasked --

12 **DR. WADE:** We have tasked SC&A with those
13 reviews --

14 **MR. GRIFFON:** We have? Okay.

15 **DR. WADE:** -- out of -- with last year's
16 funding, as I (unintelligible).

17 **MR. GRIFFON:** Oh, okay, with last year's
18 funding.

19 **DR. WADE:** But the workgroup question remains.

20 **MR. GRIFFON:** Yeah. Well, if it -- if it's --
21 if it's in process, it's probably fine to leave
22 it in the -- in the same workgroup.

23 **DR. ZIEMER:** Well, if the -- if the workgroup
24 reaches a point where they think that that is,
25 in itself, a full effort, it could be broken

1 out at some point.

2 **MS. MUNN:** It was my assumption that the
3 workgroup would have the responsibility for
4 looking to -- at the two basic documents, at
5 6000 and 6001, and that the supplements would
6 fall under the issue of individual site
7 reviews.

8 **MR. GRIFFON:** Yeah, okay.

9 **MS. MUNN:** But it seemed logical to me, but
10 that -- we may --

11 **DR. ZIEMER:** Well, and we did task --

12 **MS. MUNN:** -- need to discuss that --

13 **DR. ZIEMER:** -- separately I think on the BBs -
14 -

15 **MR. GRIFFON:** Okay, that's probably fine 'cause
16 the supplements is where you get into the real
17 site-specific (unintelligible) --

18 **MS. MUNN:** Exactly.

19 **MR. GRIFFON:** -- (unintelligible) we have
20 (unintelligible) those, that's fine.

21 **MS. MUNN:** Yeah.

22 **DR. WADE:** I think there is an open issue that
23 we need to talk about 'cause, as Chris pointed
24 out, they're grouped maybe not by site-
25 specific, but they might be AWEs uranium and

1 AWEs thorium, so I don't -- we wouldn't want to
2 fall through the cracks. I think it's worth
3 talking about in December.

4 **DR. ZIEMER:** Okay.

5 **DR. WADE:** And that's the workgroup reports.

6 **DR. ROESSLER:** May I add --

7 **DR. ZIEMER:** Gen.

8 **DR. ROESSLER:** Using Joe Guido's hints, I went
9 on Google and I did find this report he
10 referred to, not -- not real easily, but I do
11 have it, so I will send to the Board members
12 the place to find it, or I'll just send you the
13 report.

14 **MR. GRIFFON:** Just send -- send us the report,
15 yeah.

16 **DR. ROESSLER:** I just copied it on my flash
17 stick, so I'll send it to you.

18 **BOARD WORKING TIME: TRACKING OF BOARD ACTIONS**

19 **DR. ZIEMER:** Thank you. I think we can move
20 along here. These next items -- we can
21 probably get through them even before lunch.
22 We have some issues on tracking, and we -- we
23 talked a little bit in a preliminary way at our
24 last meeting. I think it may have been the
25 phone call meeting, even; I don't recall now.

1 In the meantime, we've developed sort of a
2 prototype tracking matrix to keep track of site
3 profiles and -- and SECs, and of course we're
4 tracking the -- the transcripts and so on
5 separately, but Lew, you -- you want to lead us
6 through the -- the status of the tracking
7 documents now?

8 **DR. WADE:** Oh, Zaida, I just want you to be in
9 the room now, that's all. You -- just sit with
10 us and listen to...

11 Zaida's put together these matrices. There are
12 two parts to it. There'll be the status part
13 and then the results of the Privacy Act part
14 that Dr. Melius wishes to speak about.

15 If you look at the SEC matrix, all we're trying
16 to do is now to capture all petitions that have
17 -- the Board has acted on and that are in
18 process, and I need to know if this is useful,
19 if there are other elements that -- that you
20 would like to see us track.

21 In terms of the Privacy Act issue, if you look
22 at the column in the middle that looks like the
23 dates of SC&A reports, it's those documents
24 that would appear on the web site. And I
25 believe at this point -- and I -- I'd look to

1 counsel -- that all or all but the last two
2 that had been received have been cleared
3 through the Privacy Act and posted.

4 **MS. HOWELL:** (Off microphone) (Unintelligible)
5 with our point of contact at SC&A that we (on
6 microphone) run all documents through, we do
7 not have any currently -- any SC&A documents
8 currently awaiting review in our queue. We
9 expect to receive a couple of documents from
10 SC&A in the next week or so, so we're up to
11 date at this point.

12 **DR. WADE:** Okay.

13 **DR. ZIEMER:** Thank you.

14 **DR. WADE:** But now if -- those are the only
15 documents that are being tracked. If the Board
16 has a desire to see another array of
17 information tracked, then I need to know what
18 that it. It's a little bit more diffuse when
19 we talk about site profiles, but this is sort
20 of your SEC work. My plan would be to update
21 it, you know, before every meeting -- a week
22 before every meeting and bring it to you. If
23 there's other information you would like, I'd
24 be pleased to supply it.

25 **DR. ZIEMER:** I haven't had a chance to look at

1 the -- the content here in detail, but I -- it
2 appears that as soon as the -- it's -- well,
3 let me -- I'll just simply ask it this way. At
4 what point will something appear on the list?
5 As soon as it's qualified, we would add it to
6 the list and then we can track it as it
7 progresses through the system?

8 **DR. WADE:** My trigger has been as soon as it's
9 presented to the Board. I mean I -- I'm -- I'm
10 establishing this as the Board's work.

11 **DR. ZIEMER:** Right.

12 **DR. WADE:** So once an evaluation report is
13 presented to the Board, it triggers inclusion.
14 We could do something else if you want, or
15 qualified --

16 **DR. ZIEMER:** Well, the -- the only advantage of
17 having the list of qualified ones, it would
18 give us an -- we could anticipate what's coming
19 down the road. I think we know if it's
20 qualified there's going to be an ER coming.

21 **DR. WADE:** We try and use LaVon's presentation
22 for that purpose --

23 **DR. ZIEMER:** But maybe that will --

24 **DR. WADE:** -- but we could --

25 **DR. ZIEMER:** I simply ask the Board -- it would

1 make the list a little longer, but what's --
2 what do you think about that?

3 **DR. WADE:** It's easy to do.

4 **MR. CLAWSON:** I think it'd be beneficial for
5 us. You know, we get a lot of these that are
6 coming down, and unfortunately I know for me
7 that there's -- they kind of run together.
8 It'd be nice for us to be able to look and see
9 what we've got coming toward us.

10 **UNIDENTIFIED:** (Off microphone)
11 (Unintelligible) pending?

12 **DR. ZIEMER:** One of -- one of the things also
13 to mention, this is not cast in concrete. I
14 think we do want to try this, or something
15 close to this. If this turns out to be
16 unwieldy or if we need more information, we
17 need to get some reaction. May want to try
18 this and -- what we would do, basically, would
19 be at each meeting we'd have this -- the -- the
20 latest version before us so that -- and -- and
21 I'm not sure whether we would simply revise
22 this monthly or revise this in connection with
23 each meeting.

24 **DR. WADE:** Well, my plan was a week or two
25 before each Board meeting --

1 **DR. ZIEMER:** We would have (unintelligible) --

2 **DR. WADE:** -- I would send it to you. Now I --
3 for Dr. Melius's purposes, we could add a
4 column that would show the date posted of the
5 SC&A report, if you would like to see that.
6 It's not on this.

7 **DR. MELIUS:** Yeah. I mean I would like some
8 tracking of the Privacy Act thing, or --

9 **DR. ZIEMER:** What -- what we're talking about
10 is the date of the report versus when it's
11 available on -- on the line. That's -- those
12 are the two, are they not?

13 **DR. MELIUS:** Yeah, I mean we've had in the --
14 the past some significant delays in that
15 process.

16 **DR. ZIEMER:** I think those two pieces of
17 information would tell that picture.

18 **DR. MELIUS:** Yeah, and -- do that. And so I --
19 that -- that would be fine, I think.

20 **DR. ZIEMER:** It would be the date of the
21 unredacted report and the date posted, or
22 something like that.

23 **DR. MELIUS:** Yeah.

24 **DR. WADE:** That'd be fine.

25 **DR. MELIUS:** Yeah, that would...

1 **DR. WADE:** So I would add a column next to the
2 dates of SC&A reports to show the date that it
3 was posted. That would be (unintelligible) --

4 **DR. ZIEMER:** And the date -- versus the date it
5 was issued.

6 **DR. WADE:** Well, we have the date issued.

7 **DR. ZIEMER:** Okay, so that's the issue date
8 here, not the posting date.

9 **DR. MELIUS:** And -- and if -- if the process
10 smoothes out and it turns out we're not having
11 problems, then you know, it's --

12 **DR. WADE:** Well, one way to see that we don't
13 have the problem again is to continue tracking.

14 **DR. MELIUS:** Yeah, yeah, and that's -- that's
15 true, too.

16 I -- I -- I have some --

17 **DR. WADE:** Okay, Jim.

18 **DR. MELIUS:** -- re-- related questions and --
19 like to bring up and it -- sort of a cross
20 between this issue and the issue of the -- the
21 web site and so forth is that there are a
22 number of documents that are produced that --
23 that I -- for workgroup meetings. They're sort
24 of technical backgrounds. They small technical
25 documents and -- and so forth that are

1 discussed in -- in workgroup meetings and --
2 and are hard for the petitioners and others to
3 keep track out -- of and understand what's --
4 what's happening with them if they miss the
5 meeting or then there's this delay with the
6 transcript. I'd like to think about if there's
7 some way of -- of reporting on those so at
8 least people are aware of what documents were
9 discussed at the -- the meetings and, you know,
10 with some parentheses of -- of what might be
11 issues with them. I mean some may have, you
12 know, Privacy Act information in them. Others
13 -- there may be other difficulties in releasing
14 them, but -- but at least there -- there's some
15 transparency to what's being under
16 consideration and should people have, you know,
17 legitimate need for them, I -- I think it would
18 be -- be useful to -- they can request them,
19 you know, appropriately.

20 **DR. ZIEMER:** Yeah. Jim, are you referring to
21 other technical documents that may fall outside
22 of this --

23 **DR. MELIUS:** Correct.

24 **DR. ZIEMER:** -- these or --

25 **DR. MELIUS:** Yeah.

1 DR. ZIEMER: Yes.

2 DR. MELIUS: Yeah.

3 DR. WADE: We have matrices --

4 DR. ZIEMER: Yeah, that actually --

5 DR. WADE: We have matrices that are prepared.

6 DR. MELIUS: Yeah.

7 DR. WADE: When you go to the --

8 DR. ZIEMER: Well --

9 DR. WADE: -- site profile sheet -- I just
10 talked about the SEC sheet. Now the site
11 profile sheet starts to make Dr. Melius's
12 point.

13 DR. ZIEMER: Well, there are some matrices
14 here, but I think there are also other
15 technical documents that come into play. Maybe
16 -- maybe we could think about whether there's
17 another separate document which would track --

18 DR. WADE: Right.

19 DR. ZIEMER: -- and we'd have to identify what
20 those -- kind of documents those are --

21 DR. MELIUS: Right.

22 DR. ZIEMER: -- and what it is we want to
23 track.

24 DR. WADE: And the procedure --

25 DR. MELIUS: Yeah.

1 **DR. WADE:** Let's assume we'd had a list of
2 them. You have to decide what it takes to get
3 on the list. One way is the workgroup chair
4 identifies a document. Mark talked about that,
5 he did that --

6 **DR. ZIEMER:** That we want to track.

7 **DR. MELIUS:** Right.

8 **DR. WADE:** Once he identifies it, it's on a
9 matrix, I can track it.

10 **DR. MELIUS:** Right. Yeah, I mean my -- my
11 concern is -- this has happened is as we get to
12 -- we're trying to resolve a -- partic-- an --
13 an SEC about evaluation and we're in the last
14 day, we're about to vote and -- and somebody,
15 either our workgroup chair or somebody from
16 NIOSH gets up to the microphone and says "and
17 we showed you this document at the last
18 workgroup meeting" and it's the first -- rest
19 of the Board's heard about it, let alone, you
20 know, people that are -- public that -- that
21 are -- you know, about it and I think it -- it
22 certainly doesn't look good and -- in those
23 circumstances and I think we need some way of
24 sort of notifying and -- and -- and
25 communicating about that information.

1 **DR. WADE:** Maybe I can bring Mark up to speak
2 'cause he has the mo-- by far the most
3 experience on it.

4 We started, Mark, to talk about matrices on SEC
5 and site profiles, and on these matrices we
6 have the designation of SC&A reports and dates
7 of those reports. We're going to add a column
8 as to when those reports were posted.

9 Dr. Melius raises the question that you raised
10 earlier, that during the workgroup process
11 there are certain ad hoc white papers that come
12 up. They appear, we ask for a -- an
13 understanding on a point, a document appears.
14 It's not an SC&A report necessarily. We need a
15 way to track those and make sure that those are
16 posted in a timely way. It seems to me that
17 the workgroup chair holds the key to that. But
18 I --

19 **MR. GRIFFON:** Yeah.

20 **DR. WADE:** So the workgroup chair could tell me
21 of documents that need to be added to a
22 tracking matrix and I can track them. But the
23 way onto that matrix is the workgroup chair.

24 **MR. GRIFFON:** Yeah, I -- yeah, I think you're
25 right. I mean I think -- if -- if we had a --

1 and it may not be perfect, but the action list
2 that we try to generate during these -- during
3 the workgroup meetings and the SEC process,
4 oftentimes an action will be -- you know, NIOSH
5 will give a -- you know, we'll respond to this
6 question, you know, and the response is just a
7 -- a white paper, a Word document, it's not a -
8 - you know, so in that case...

9 **DR. ZIEMER:** Let me add that the proposed new
10 matrix that SC&A has proposed to Wanda's
11 workgroup may address some of that. They have
12 a -- and -- and I think John -- probably off-
13 line -- you need to make some of the workgroup
14 chairs and -- aware of the form that's going to
15 take because that will provide an ongoing
16 picture of how issues in -- in some of these
17 matrices are being resolved and will -- will
18 address some of that. I think -- at -- at
19 least the early version of it looks pretty
20 good. It may not take care of all of these
21 'cause we may still want to have an overview of
22 documents that are being tracked and where that
23 stands overall. But...

24 **DR. MAURO:** I agree, I think that the proposed
25 method that we're going to experiment with, try

1 out real soon, lends itself to a trigger or a
2 hook to other documents that may be produced as
3 a result of direction -- see, the way -- the
4 new format is (unintelligible) of such a nature
5 that each working group is going to have
6 certain directions, very clear. On this
7 working group we gave NIOSH this direction, we
8 gave SC&A this direction, to produce this
9 product. So that's sort of like a very nice
10 place as your hook to say okay, that means
11 there's -- there's a document that's gong to be
12 moving through the system, a white paper,
13 whatever, so --

14 **DR. ZIEMER:** Which could --

15 **DR. MAURO:** -- that might be --

16 **DR. ZIEMER:** -- then appear --

17 **DR. MAURO:** -- that might be --

18 **DR. ZIEMER:** -- on a tracking list.

19 **DR. MAURO:** -- the link I -- I -- yeah. Now
20 I'm on the phone -- the -- I'm on the mike,
21 could I just have a quick question?

22 **DR. ZIEMER:** Yes.

23 **DR. MAURO:** Is that okay? During the
24 discussion of TBD-6000 a mention was made of
25 6001. Just want to let the -- the Board know

1 that we have not been directed to look at 6001.

2 **MR. GRIFFON:** Okay.

3 **DR. MAURO:** The second point is we have
4 completed our 6000 review and delivered it as
5 part of Task Order III.

6 **DR. ZIEMER:** Uh-huh.

7 **DR. MAURO:** But I did hear some language, some
8 discussion that the expectation may be that the
9 appendix BB portion of that work which was
10 authorized -- along this sort of connect at the
11 hip -- which deals with General Steel
12 Industries, which is active right now and we're
13 working our way through it and hope to have a
14 report ready by the end of this month, but I've
15 been handling that as part of Task III also.
16 If you would like, we could -- we're -- it's --
17 we're still in the middle of it. I could shift
18 it into a Task I site profile category and it
19 would be managed in that matter, so I -- I look
20 for some direction on that.

21 **DR. WADE:** Not necessary at this point, John.

22 **DR. MAURO:** Okay.

23 **DR. WADE:** Maybe in -- we'll revisit that. I
24 would like, while John raised it, is the
25 procedures workgroup, is the Board comfortable

1 with tasking SC&A to begin to look at 6001? It
2 seems to me --

3 **MR. GRIFFON:** Yeah.

4 **DR. WADE:** -- something we're going to do, we
5 could have them start.

6 **MS. MUNN:** I'd like for the workgroup to talk
7 about that at the same time we're talking about
8 exactly how to handle Allegheny, General Steel,
9 et cetera. At this juncture we have done both
10 those things with respect to 6000 in the
11 procedures workgroup, but this is -- this is
12 the telling time when we will need to make
13 decisions about whether to proceed in that way.
14 And hopefully John's right. With our new
15 format we hope that will sort of fall out and
16 it will certainly lead us to have an extended
17 discussion on exactly how to handle the issue
18 of white papers, where they will appear in the
19 public documents, et cetera.

20 **DR. WADE:** Wanda, might it be possible on the
21 November 7th procedures workgroup call to
22 address the issue of tasking SC&A with the
23 review of 6001?

24 **MS. MUNN:** I will put it on the agenda.

25 **DR. WADE:** Please. Oh, we just want to keep

1 our -- your contractor working.

2 **MS. MUNN:** I don't think we have a problem with
3 that on procedures.

4 **DR. ZIEMER:** Josie?

5 **MS. BEACH:** I just want you to explain the --
6 Lew, the Board's meetings petition call-in.

7 **DR. WADE:** On which of the matrices?

8 **MS. BEACH:** The SE-- the SEC.

9 **DR. ZIEMER:** How many times (unintelligible)?

10 **MR. GRIFFON:** (Off microphone) Just the number
11 of (unintelligible).

12 **DR. WADE:** Correct. Correct, the number of
13 Board meetings where the petition was
14 discussed.

15 **MR. GRIFFON:** Would it be better to have the --

16 **MS. BEACH:** A date put in there?

17 **MR. GRIFFON:** -- dates -- dates in there, yeah,
18 'cause then they can find the transcripts, is -
19 - I think that'd be the interest, right.

20 **DR. WADE:** Good suggestion, thank you.

21 **DR. ZIEMER:** While you're talking about the
22 form, the -- the last column on the SEC form is
23 -- is not the decision of the SEC retary but of
24 the Secretary.

25 **DR. WADE:** Interesting use of letters.

1 **DR. ZIEMER:** We've (unintelligible) the SEC
2 along there, but --

3 **DR. WADE:** All the letters are right.

4 **DR. ZIEMER:** All the letters are right, it's
5 the Secretary's decision.

6 Okay, other comments. Jim.

7 **DR. MELIUS:** Very good review, Paul. Glad you
8 caught that. I -- I'd just like to bring up
9 one other issue. It's related to the Privacy
10 Act review. It's not quite germane to this --
11 what we're talking about here, but -- but I --
12 just a reminder. The -- I -- we've talked in
13 the past and we've -- I think have steps in
14 place, for the most part, to assure that this
15 doesn't happen, but -- but I have a very
16 serious concern that is part of any review
17 that's done prior to the Board receiving a
18 document that it be limited only to the in--
19 stated intent, which is Privacy Act review, and
20 I -- you know -- you know, classified
21 information review, that there not be any
22 attempt or any appearance of an attempt to try
23 to alter a document that -- that goes to the
24 Board as it -- it passes through -- through
25 NIOSH and I'm concerned about that with some

1 recent documents and I would hope that we --
2 NIOSH be very careful -- do that. When there
3 is a need to do it, I think we should -- I
4 think we have steps in place to, you know, talk
5 with the Board members ap-- appropriately and -
6 - and -- and consult and so forth if there's an
7 issue about something being made public. But -
8 - but I -- I think it would be a potential
9 disaster for this -- the credibility of this
10 committee and our processes if that should take
11 place.

12 **DR. WADE:** Understood.

13 **DR. ZIEMER:** Thank you. Let's see, Josie, do
14 you have another comment? No? Wanda, another
15 comment?

16 **MS. MUNN:** No, I'm sorry.

17 **DR. ZIEMER:** Okay, any -- any other comments?
18 I think what's being proposed here is we will
19 try this tracking and as we get experience, we
20 may modify it further. But hopefully this will
21 be a tool for us to keep a handle on all of the
22 different pieces of what this Board is doing.
23 So thank you very much, Zaida; thank you, Lew,
24 and we -- we look forward to the regular
25 updates of these. And if we need to add

1 another matrix for special documents, why, we
2 can add that at --

3 **DR. WADE:** We can indeed.

4 **DR. ZIEMER:** -- some point. I think we've
5 covered the tracking of transcripts. We've
6 covered tracking of Board actions. Future
7 plans.

8 **FUTURE PLANS AND MEETING**

9 **DR. WADE:** Two things that -- I gave you a
10 piece of paper that has Board meeting dates
11 proposed out to February of 2009. I need
12 feedback as to whether there is a need to
13 modify any of those dates. We have cast in
14 stone, theoretically, through June of 2000-and-
15 some-year -- 8? But beyond that, they are
16 proposed. Dr. Melius?

17 **DR. MELIUS:** Yeah, I -- I have a -- would --
18 believe I have difficulty with the dates for
19 September 2nd through 4th due to another NIOSH-
20 related meeting that I have that's the first
21 Wednesday of every month, and this would --
22 case it's -- it somewhat depends on location,
23 but I would have to -- you know, if we had a
24 meeting on the west coast, I would meet -- have
25 to miss the entire -- 'tire meeting because of

1 the Wednesday -- this is a -- you've chosen a
2 Tuesday, Wednesday and Thursday, I believe.

3 **DR. ZIEMER:** And can you tell us when Labor Day
4 is in -- in --

5 **UNIDENTIFIED:** (Off microphone) It's the 1st.

6 **DR. MELIUS:** It's the 1st. That's the --

7 **MS. MUNN:** (Off microphone) Literally, so
8 (unintelligible) --

9 **DR. MELIUS:** Yeah, so moving it up is...

10 **DR. WADE:** Not possible.

11 **DR. ZIEMER:** Yeah, I --

12 **DR. WADE:** So maybe go to the next --

13 **DR. ZIEMER:** -- that's going to be bad, I
14 think, anyway.

15 **DR. WADE:** Okay, so let's look -- I brought a
16 calendar. Let's just move it back. And we're
17 talking about 2008, good Lord, when did that
18 happen?

19 **UNIDENTIFIED:** (Off microphone) When are you
20 going to move back (unintelligible)?

21 **DR. BRANCHE:** To the following week.

22 **DR. WADE:** We're proposing that the meeting
23 scheduled for the 2nd, 3rd and 4th be moved to
24 the 9th, 10th and 11th of September 2008.

25 **MS. MUNN:** May I make a request that if we do

1 so we consider the location of that meeting to
2 be on the east coast, or at least somewhere
3 east of the Mississippi? I have to be in
4 Florida on the 12th for a professional meeting
5 and --

6 **DR. WADE:** Okay.

7 **MS. MUNN:** -- it would be very helpful if I
8 were already on the east coast.

9 **DR. BRANCHE:** But are the dates okay?

10 **MR. PRESLEY:** I have -- no, I have a conflict
11 on the 11th.

12 **DR. WADE:** Okay.

13 **DR. ROESSLER:** Do the dates again.

14 **DR. BRANCHE:** Eight, nine --

15 **DR. WADE:** Why don't we just -- We're talking
16 about the 9th, 10th and 11th of September. Now
17 I'm proposing the 8th, 9th and 10th of
18 September.

19 **MR. PRESLEY:** That'd be good.

20 **DR. WADE:** On the east coast -- or east of the
21 Mississippi. That's the big river --

22 **MS. MUNN:** Yes.

23 **DR. WADE:** -- that cuts the country in half.

24 **MS. MUNN:** Yes, so I can get there.

25 **DR. POSTON:** We've been talking about going to

1 Dallas.

2 **DR. MELIUS:** I would just concur with Wanda
3 that we have a -- if we move it there, we move
4 it onto the east coast because I -- I -- Dr.
5 Howard and I will probably be busy on September
6 11th also --

7 **DR. WADE:** I understand.

8 **DR. MELIUS:** -- for -- for reasons -- now the
9 other alternative is if it were done on the --
10 the week before, but starting on the --
11 Wednesday? So -- so it'd be the 5th --

12 **DR. WADE:** No, the week before that.

13 **MS. MUNN:** You said you had Wednesdays tied up.

14 **DR. MELIUS:** No, no, just the first Wednesday
15 of the month.

16 **MS. MUNN:** That's --

17 **DR. MELIUS:** So I don't mind -- if it's the
18 beginning -- first day of the meeting usually
19 have a half-day subcommittee meeting so I end
20 up missing a half-day.

21 **DR. WADE:** Do you want it to be that -- that
22 week in -- the first week in September or the
23 last week in August?

24 **DR. MELIUS:** The -- the first week in September
25 is fine if it's the 4th and 5th.

1 **MS. MUNN:** But that incorporates Labor Day, and
2 that will affect many schedules.

3 **MR. PRESLEY:** Yes.

4 **DR. MELIUS:** Well, I -- I -- I apologize. I
5 thought Labor Day was early -- the --

6 **DR. BRANCHE:** Labor Day's the 1st.

7 **DR. WADE:** The 1st.

8 **DR. MELIUS:** Labor Day's the 1st? So --

9 **MS. MUNN:** Yes, it is the 1st.

10 **DR. MELIUS:** So --

11 **MS. MUNN:** But that means it's a short week for
12 a lot of people, and many people will be taking
13 that short week.

14 **DR. WADE:** Okay. So let's say September 8, 9,
15 10, east of the Mississippi.

16 **MS. MUNN:** Great.

17 **MR. PRESLEY:** Are we cast in concrete for the
18 9th, 10th and the 11th of April?

19 **DR. WADE:** Well, that's on everyone's schedule.
20 We can always revisit anything.

21 **DR. MELIUS:** And -- and I would just add to the
22 -- the list of reconsider-- I also need to
23 check on February 17th through 19th. I haven't
24 had an opportunity to do that yet.

25 **DR. BRANCHE:** Of 2000...

1 **DR. MELIUS:** Nine.

2 **DR. WADE:** So let's take them one at a time.
3 April 9, 10 and 11 of 2008, Robert, what would
4 you propose?

5 **MR. PRESLEY:** Seven, 8th and 9th.

6 **DR. WADE:** We have a proposal for the 7, 8th
7 and 9th of April, 2008.

8 **MR. PRESLEY:** I need to be back home for the
9 10th.

10 **MS. MUNN:** Could we do 8, 9 and 10 instead?

11 **MR. PRESLEY:** My -- my problem is I have a -- I
12 have a meeting the 2nd Thursday of every month.

13 **MS. MUNN:** So it's 8 -- 7, 8, 9.

14 **DR. WADE:** 7, 8, 9?

15 **MR. PRESLEY:** I could make that.

16 **DR. WADE:** April 7, 8, 9, 2008 as a
17 modification. Okay, I'm going to put it down.

18 **MR. PRESLEY:** Make it on the east coast
19 somewhere?

20 **UNIDENTIFIED:** Oak Ridge?

21 **MS. MUNN:** Oh, sure, thanks.

22 **MR. PRESLEY:** Be good.

23 **MS. MUNN:** I could travel all day Sunday.

24 **DR. WADE:** Okay. Now, Dr. Melius, have you
25 been able to access --

1 **DR. MELIUS:** I have to call -- I have to call
2 some (unintelligible) --

3 **DR. WADE:** Okay, so --

4 **DR. MELIUS:** -- (unintelligible) check on
5 another meeting that I (unintelligible) --

6 **DR. WADE:** -- I'm going to draw a line under
7 January 13th, 2009. And with the changes
8 discussed here, present that as a schedule that
9 is set upon. Again, we will always attempt to
10 accommodate you, although you understand the
11 cat-herding nature of this exercise. We will
12 hold open the 17th through the 19th of February
13 2009 till we hear from Dr. Melius.

14 **DR. MELIUS:** Can you just give me the dates for
15 the September '08 meeting again?

16 **DR. WADE:** September 8, 9 and 10 --

17 **DR. MELIUS:** Okay.

18 **DR. WADE:** -- east of the Mississippi.

19 **UNIDENTIFIED:** (Off microphone) That's '08?

20 **MS. MUNN:** '08, correct.

21 **DR. MELIUS:** '08, yes.

22 **MS. MUNN:** And --

23 **UNIDENTIFIED:** (Off microphone) What dates have
24 been changed, September 8, 9 and 10?

25 **DR. WADE:** And then we've changed April 9, 10

1 and 11 to April 7, 8, 9.

2 **UNIDENTIFIED:** (Off microphone) Okay.

3 **MS. MUNN:** So we're --

4 **DR. ZIEMER:** We're okay on everything else.

5 **MS. MUNN:** We're okay on everything else,
6 including December of both years. Okay.

7 **DR. WADE:** Very well done. Thank you.

8 **DR. ZIEMER:** Okay, thank you very much. It
9 appears to me that we have completed our
10 agenda. Does anyone have any other issue they
11 wish to raise before we adjourn?

12 **DR. WADE:** Christine has one small housekeeping
13 issue.

14 **DR. ZIEMER:** Housekeeping issue.

15 **MS. BEACH:** I have one -- one question.

16 **DR. ZIEMER:** Okay, Josie, go ahead.

17 **MS. BEACH:** Back on the schedule for December's
18 meeting, would it be too much of a hardship to
19 change it from the 6th to maybe the 13th? Or
20 is that...

21 **DR. WADE:** We're open for anything.

22 **DR. ROESSLER:** December 2007?

23 **DR. WADE:** The call.

24 **MS. BEACH:** Yes. Yes, the call.

25 **UNIDENTIFIED:** The call -- next month's call --

1 or December's call.

2 **DR. ROESSLER:** I think I'm at a meeting the --

3 **MS. BEACH:** Well, for any date other than the
4 6th of the week following it.

5 **UNIDENTIFIED:** (Off microphone) We can't do it
6 (unintelligible).

7 **MS. BEACH:** If not, that's fine. I'm just not
8 available on the 6th.

9 **MR. CLAWSON:** I'm also gone that entire week,
10 too.

11 **DR. ROESSLER:** Yeah, I think I am that entire
12 week.

13 **MR. CLAWSON:** Well, the 6th.

14 **DR. ROESSLER:** Most of it.

15 **MS. BEACH:** Well, as I listen to this meeting
16 this week, there's a lot of issues that are
17 going to come up on the 6th, so...

18 **DR. WADE:** Let's try --

19 **DR. ZIEMER:** What are you proposing as an
20 alternate date?

21 **MS. BEACH:** Any time after that -- that -- the
22 week of the 3rd to the 7th -- the 10th through
23 the 14th, those are open.

24 **DR. ZIEMER:** Workgroup on procedures is meeting
25 on the 11th.

1 **MR. PRESLEY:** 11th.

2 **MS. MUNN:** Uh-huh.

3 **DR. ZIEMER:** I'm -- I'm tied up all day the
4 12th, 13th and 14th, although I -- well, yeah.
5 10th would be okay.

6 **DR. MELIUS:** I can't do the 10th.

7 **MS. MUNN:** That whole week is out for you,
8 Josie?

9 **MS. BEACH:** Yes, and you also, Brad?

10 **MR. CLAWSON:** Also me. I'll be on travel.

11 **MS. MUNN:** Well, I'll be on travel, too, but I
12 can get to the call.

13 **DR. WADE:** Want to try November 30th?

14 **MS. BEACH:** November?

15 **DR. WADE:** Well, I was trying to look for a
16 time.

17 **DR. ZIEMER:** How about the week of the 17th?

18 **MS. BEACH:** That would be open, too.

19 **UNIDENTIFIED:** The 17th and 18th will not work
20 for us.

21 **MS. MUNN:** You know, the -- what was wrong with
22 November 30th, though? That's the week after
23 Thanksgiving. That's not Thanksgiving week.
24 It's a week later.

25 **DR. WADE:** I heard a grudged (unintelligible).

1 **DR. POSTON:** Yeah, no, I'm not available that
2 date.

3 **MS. BEACH:** Neither am I. Okay, I just --
4 (Whereupon, numerous Board members began
5 speaking simultaneously.)

6 **DR. ROESSLER:** Josie, do the dates the second
7 week in December again. I just found my
8 schedule.

9 **DR. WADE:** Well, that we lost -- the second
10 week in September (sic), the week starting with
11 the 10th, we lost to --

12 **DR. ZIEMER:** Is the 10th out?

13 **MS. BEACH:** The 10th was out for you.

14 **DR. ROESSLER:** The 10th is out for me.

15 **DR. WADE:** How about the 19th -- 19th of
16 December?

17 **MS. BEACH:** Good for me.

18 **DR. ROESSLER:** What -- what day of the week is
19 that?

20 **DR. WADE:** Wednesday.

21 **MS. BEACH:** Wednesday.

22 **DR. WADE:** Christmas time -- Christmas --
23 holiday season will be in the air.

24 **DR. ZIEMER:** Well, it's -- it's a week before
25 Christmas.

1 **MS. MUNN:** It is.

2 **UNIDENTIFIED:** (Off microphone) I have a -- I
3 have a Department of (unintelligible) --

4 **DR. WADE:** We're going to have to stay.

5 **MS. BEACH:** Okay, that's fine.

6 **DR. POSTON:** I have a Department of Defense
7 meeting that day.

8 **DR. ZIEMER:** You're off, okay.

9 **DR. WADE:** Sorry, Josie, we --

10 **MS. BEACH:** That's fine.

11 **DR. ZIEMER:** So we're going to stay with --
12 (Whereupon, numerous Board members spoke
13 simultaneously.)

14 **DR. WADE:** Brad, you're not available on the
15 6th?

16 **MR. CLAWSON:** No.

17 **MS. BEACH:** I'm at an SRA meeting.

18 **DR. WADE:** Is everyone else available on the
19 6th?

20 **MR. PRESLEY:** Yes.

21 **DR. WADE:** We have quorum issues?

22 **UNIDENTIFIED:** Wait a minute. Dr. Poston, can
23 you make the 6th?

24 **DR. ROESSLER:** I haven't been going to NCRP
25 meetings in (unintelligible).

1 **DR. ZIEMER:** You okay on the 6th?

2 **MS. MUNN:** (Off microphone) (Unintelligible)
3 but I can come (unintelligible).

4 **DR. POSTON:** I was more concerned about April.
5 NCRP meeting is 7th and 8th.

6 **DR. ZIEMER:** No, no, the 6th of December.

7 **DR. WADE:** Telephone call.

8 **DR. POSTON:** Yeah, I'm fine -- all right, I'm
9 fine with that.

10 **DR. WADE:** Okay, so we have ten fine people.

11 **DR. ZIEMER:** Okay.

12 **DR. POSTON:** I was more concerned about moving
13 the April meeting because the NCRP meeting is
14 the 7th and 8th.

15 **UNIDENTIFIED:** So you now have a conflict?

16 **DR. POSTON:** Yeah.

17 **DR. WADE:** So now we're back to April 7, 8 and
18 9.

19 **DR. ZIEMER:** Well, I -- wait a minute. I've
20 got NCRP also.

21 **DR. POSTON:** That's why I brought it up.

22 **DR. WADE:** Okay.

23 **MS. MUNN:** Originally, you know, we had
24 scheduled that one the last week in March, and
25 we turned -- finished changing it --

1 **MR. PRESLEY:** We changed it.

2 **MS. MUNN:** -- and I --

3 **DR. POSTON:** Well, if we -- if we just had it
4 in Washington, D.C., that -- we could make it
5 'cause we're (unintelligible).

6 **MS. MUNN:** What's wrong with the first week in
7 April?

8 **DR. ZIEMER:** What's the start date on NCRP?

9 **DR. POSTON:** 7th and 8th.

10 **MS. MUNN:** And that's going to be where?

11 **DR. ZIEMER:** Washington.

12 **DR. POSTON:** In Washington.

13 **MS. MUNN:** Washington? So if we had our April
14 meeting say the -- the 1st, 2nd and 3rd or the
15 2nd, 3rd and 4th, for people who were going to
16 -- needed to be in Washington anyway, stay over
17 the weekend and go to NCRP.

18 **DR. MELIUS:** I'm not available the -- I have
19 another meeting the 3rd and 4th of April.

20 **MS. MUNN:** So --

21 **DR. ROESSLER:** Well, John, are you talking
22 about 2008?

23 **MS. MUNN:** Yeah, he --

24 **DR. POSTON:** Yes, ma'am.

25 **DR. ROESSLER:** I see -- I'm on the NCRP web

1 site. I see April 14th and 15th, 2008 --

2 DR. POSTON: Really?

3 DR. ROESSLER: -- and a meeting.

4 DR. POSTON: Oh, okay, I had it on --

5 DR. ROESSLER: So I think it's -- I think
6 you're okay.

7 DR. POSTON: I had it on the 7th and 8th.

8 DR. ROESSLER: Yeah, I think it's later. I
9 mean I'm on the NCRP web site. Why don't you
10 just double-check it, but it says 2008 annual
11 meeting, April 14th/15th in Bethesda.

12 DR. ZIEMER: In Bethesda?

13 DR. POSTON: In Bethesda?

14 DR. ZIEMER: It's usually at Crystal City.

15 UNIDENTIFIED: That's the D.C. metro --

16 DR. ROESSLER: I know, I think they've moved
17 it.

18 DR. ZIEMER: Well, okay.

19 DR. BRANCHE: It's still D.C. metro.

20 DR. WADE: So we're -- now we're still on April
21 7, 8 and 9. Just let us know if --

22 DR. MELIUS: We're getting a little concerned
23 about this organization.

24 DR. ZIEMER: Okay, why don't we keep it at
25 April 7 to 9th unless we find that --

1 **DR. WADE:** Right, if the Chair has -- I think
2 we will certainly change it.

3 **DR. ZIEMER:** -- if -- if that turns out to be
4 NCRP meeting, there's at least three of us
5 involved in there and I'm speaking at that
6 meeting so I've got to be there.

7 **DR. MELIUS:** Forever or whenever.

8 **DR. ZIEMER:** I'm speaking about the EEOICPA
9 program.

10 **MS. MUNN:** My only concern now is -- is that we
11 have not made any decision at all about where
12 that April meeting is going to be. It's always
13 very helpful for me to know at least more than
14 one schedule ahead of time where we're likely
15 to find ourselves.

16 **DR. ZIEMER:** (Unintelligible) know by December?

17 **DR. WADE:** Well, let's tentatively pick a date
18 now. It -- it seems to me --

19 **DR. BRANCHE:** A date or location?

20 **DR. WADE:** A location, I'm sorry.

21 **DR. ZIEMER:** What's coming up that we need to
22 (unintelligible) --

23 **DR. WADE:** Well, let's think about it. It
24 seems like Mound is looming. Right? Fernald
25 will be looming.

1 **MS. MUNN:** Mound looms.

2 **DR. WADE:** Cincinnati? That's east of some
3 river, I don't know what river it is.

4 **DR. ZIEMER:** North of the Ohio.

5 **MR. PRESLEY:** Easy to get to.

6 **DR. WADE:** You want to think -- I mean it seems
7 to me -- I thought about this last night, and
8 it's -- it seems like Mound and Fernald are big
9 SECs that are churning.

10 **DR. MELIUS:** And we've never done a meeting
11 convenient to Mound. We've got -- gotten
12 closer, but I don't think we've ever sort of
13 focused -- put the meeting there.

14 **DR. ZIEMER:** What's closer than -- is Dayton
15 closer?

16 **MR. GRIFFON:** Dayton's closer, yeah.

17 **DR. ZIEMER:** Yeah, but we had one near Fernald.

18 **DR. MELIUS:** Yeah, no, we've done Fernald --
19 well, done Cincinnati, then we did the northern
20 Cincinnati --

21 **DR. ZIEMER:** How easy is Dayton to get to for
22 folks, airport-wise?

23 **DR. WADE:** Not bad.

24 **DR. ROESSLER:** From Cincinnati to Dayton?

25 **MR. PRESLEY:** Fly to Cincinnati and

1 (unintelligible).

2 **DR. WADE:** It's not that far.

3 **MR. GRIFFON:** I (unintelligible) --

4 **DR. MELIUS:** May-- maybe look at the areas --
5 may-- maybe Lew wants these to sort of figure
6 out where we're going to be in terms of
7 decision-making. Mound will be -- I'm not sure
8 we'll be ready by then, but --

9 **DR. WADE:** Fernald, near.

10 **DR. MELIUS:** -- I mean there -- there's still
11 just -- bring out Fernald -- Fernald if we're
12 ready to make a decision on that, I think
13 (unintelligible) --

14 **DR. ZIEMER:** I think we're a ways away on
15 Fernald --

16 **MR. CLAWSON:** Yes, we are.

17 **DR. MELIUS:** Ev-- even April is -- six months
18 from now.

19 **MR. GRIFFON:** I thought this was January.

20 **DR. BRANCHE:** No, Las Vegas is January.

21 **DR. WADE:** January we're in Las Vegas. Does
22 anybody have another proposal for April?

23 **MS. MUNN:** Well, I'm always willing to throw
24 out Pantex.

25 **DR. ROESSLER:** You know, I'm ready to go there.

1 **MS. MUNN:** I'm -- I'm always ready for
2 Amarillo.

3 **DR. MELIUS:** What's the Florida site we always
4 bring up and --

5 **DR. WADE:** Pinellas.

6 **MR. GRIFFON:** Pinellas.

7 **DR. MELIUS:** -- it always gets put off till
8 August and say no, no --

9 **DR. ZIEMER:** Pinellas.

10 **DR. MELIUS:** Pinellas.

11 **DR. WADE:** Do you want me to pencil in either
12 Pinellas or Cincinnati or Amarillo?

13 **MR. GRIFFON:** Yeah.

14 **DR. MELIUS:** Yeah. Well, we owe it to Pinellas
15 and to Pantex to seriously consider going there
16 --

17 **DR. ZIEMER:** Actually --

18 **DR. MELIUS:** -- much to our chagrin.

19 **DR. ZIEMER:** -- Pinellas had almost no activity
20 anyway. They did very little there. But
21 Pantex is -- you know, they --

22 **DR. MELIUS:** Yeah, I -- we really owe them a --

23 **DR. ZIEMER:** -- (unintelligible) the weapons
24 (unintelligible).

25 **DR. MELIUS:** -- we owe them a visit.

1 **DR. WADE:** Amarillo.

2 **DR. MELIUS:** Yeah.

3 **DR. WADE:** Amarillo, Texas is penciled in for
4 April 7, 8 and 9.

5 **MS. MUNN:** San Antone (sic).

6 **MR. GRIFFON:** Texas -- I (unintelligible) --

7 **DR. POSTON:** It's only -- it's very close, it's
8 only 800 miles away.

9 (Whereupon, numerous Board members spoke
10 simultaneously.)

11 **DR. MELIUS:** If we're going to be doing a
12 decision on Fernald --

13 **DR. WADE:** Okay.

14 **DR. MELIUS:** -- we shouldn't be going to
15 Pantex.

16 **DR. WADE:** Okay, so we'll be --

17 **DR. ZIEMER:** If -- I'm -- I'll be surprised if
18 we're there, but if we are, that's --

19 **UNIDENTIFIED:** Maybe for June.

20 **DR. WADE:** Okay, so my instructions are
21 Amarillo, unless --

22 **MR. GRIFFON:** Unless Fernald is --

23 **DR. WADE:** -- Fernald looms large in April. I
24 wish I could be more specific. They won't let
25 me be.

1 **MS. MUNN:** That's fine.

2 **DR. WADE:** It doesn't make me a bad person.

3 **MS. MUNN:** We -- we stay flexible.

4 **DR. LOCKEY:** I've got to bring up -- I'm sorry
5 -- December 6th. I was looking at the wrong
6 year. I am conflicted that date, as Josie is,
7 so...

8 **DR. BRANCHE:** That's three people who won't be
9 on the call.

10 **DR. WADE:** That's three people not on a call.
11 Do you want to find another date, or do you
12 want -- we have a quorum with nine.

13 **MS. MUNN:** Why did we reject the 13th?

14 **MR. GRIFFON:** Some --

15 **DR. BRANCHE:** 'Cause some people had a meeting.
16 Two people are out --

17 **DR. LOCKEY:** The 13th's fine with me -- 13th's
18 good for me.

19 **DR. ZIEMER:** I'm out the 13th. I'm out --

20 **DR. BRANCHE:** The Chair is out on the 13th.

21 **MR. GRIFFON:** Are we talking December 6th
22 again? Is that --

23 **DR. WADE:** Yeah, we're back to December 6th.

24 **MS. MUNN:** So -- well --

25 **DR. ZIEMER:** I'm out 11th, 12th and thir--

1 well, 11th is a workgroup on procedures.

2 **MS. MUNN:** Yeah, face-to-face.

3 **DR. ROESSLER:** I'm okay on the 13th, or even
4 the 12th.

5 **MS. MUNN:** You said you were okay on the 13th -
6 -

7 **DR. ZIEMER:** I'm out the 12th, 13th and 14th.

8 **MS. MUNN:** The Chair's not.

9 **DR. LOCKEY:** How about the 10th?

10 **DR. ZIEMER:** The 10th is okay.

11 **DR. BRANCHE:** Well, Dr. Melius can't do the
12 10th and Gen, you can't do the 10th.

13 **MS. MUNN:** I can't do the 10th, I'm flying.

14 **DR. LOCKEY:** You can't do the 10th?

15 **MS. MUNN:** I'm traveling across the
16 (unintelligible).

17 **DR. ZIEMER:** Anytime the week of the 17th.

18 **UNIDENTIFIED:** We (unintelligible) we were
19 looking at the 19th.

20 **MS. MUNN:** No, no, that's the Christmas time
21 thing that we (unintelligible).

22 **DR. LOCKEY:** How about the 19th?

23 **DR. WADE:** Oh, you didn't like Chri-- how about
24 the 19th?

25 **DR. LOCKEY:** 19th.

1 DR. WADE: 19th.

2 MS. MUNN: We talked about that.

3 DR. ZIEMER: Couldn't do the 19th?

4 DR. WADE: Just a phone call.

5 DR. LOCKEY: No, the 19th's fine.

6 DR. ROESSLER: What day of the week is the
7 19th?

8 UNIDENTIFIED: Wednesday.

9 UNIDENTIFIED: Wednesday.

10 MR. GRIFFON: Yeah.

11 DR. WADE: A scant six or seven hours.

12 DR. MELIUS: Jim, are you sure you don't have a
13 prob-- I thought you said --

14 DR. LOCKEY: No, I was in the wrong year.

15 DR. MELIUS: Oh, okay, okay.

16 DR. WADE: December 19th -- 11:00 a.m. phone
17 call.

18 DR. ZIEMER: Okay, we've got December 19th on
19 the docket now. I think that's all --

20 DR. WADE: Gen having to check --

21 DR. ROESSLER: I think I'm out for that
22 meeting.

23 DR. BRANCHE: You think you're out?

24 DR. ZIEMER: Are you out the whole week? Well,
25 check, Gen, and let's find out. Okay.

1 **DR. ROESSLER:** I didn't bring that with me
2 'cause I thought we were all settled.

3 **DR. WADE:** That's okay, people's lives change,
4 so I'm going to write down the 19th, subject to
5 change.

6 **DR. ZIEMER:** Okay.

7 **MS. MUNN:** I would like to suggest that you
8 continue to consider one day in the last week
9 of November because that's -- that's only a
10 week away from where we had originally started,
11 and we threw that -- I think the fact that it
12 is well after --

13 **DR. BRANCHE:** Thanksgiving?

14 **MS. MUNN:** -- the Thanksgiving holiday --

15 **DR. WADE:** Fine, let's explore the week of the
16 26th of November.

17 **DR. BRANCHE:** 2007, let's just make sure those
18 people are on the right calendar -- 2007.

19 **DR. LOCKEY:** What we're saying now is that the
20 19th is not okay. Right?

21 **DR. WADE:** Well, we're not saying it's not
22 okay, we're --

23 **DR. BRANCHE:** It's just a little late in the
24 year.

25 **MR. GRIFFON:** And plus -- plus -- I mean part

1 of it is you got a full Board meeting January -
2 - you know, coming up right -- like three weeks
3 later.

4 **DR. ZIEMER:** Yeah, just two weeks later --
5 three --

6 **DR. WADE:** The week of November 26th, 2007.

7 **DR. ROESSLER:** Sounds good.

8 **UNIDENTIFIED:** What about (unintelligible) --

9 **DR. ZIEMER:** Any conflicts that week?

10 **MS. MUNN:** Or Wednesday the 28th?

11 **DR. WADE:** The December 6th call is being
12 shifted to the week of December (sic) 26th,
13 tentativ--

14 **DR. ZIEMER:** Jim, you're out all week?

15 **DR. LOCKEY:** The 28th'll be all right.

16 **DR. WADE:** November 26.

17 **DR. BRANCHE:** That's a Wednesday.

18 **DR. LOCKEY:** 28th is all right.

19 **DR. ROESSLER:** 26th --

20 **MS. MUNN:** Wednesday the 28th.

21 **MS. BEACH:** 27th is good, 28th is out for me.

22 **DR. LOCKEY:** How about the 29th?

23 **MS. BEACH:** Out. Only two days is 26th/27th
24 for me, so...

25 **DR. WADE:** 27th of November?

1 **DR. BRANCHE:** That's a Tuesday.

2 **DR. WADE:** Tuesday. 27th of November -- Dr.
3 Poston?

4 **MR. GRIFFON:** Going once.

5 **DR. POSTON:** (Off microphone) I don't think
6 (unintelligible) --

7 **DR. WADE:** I'm sorry?

8 **DR. LOCKEY:** I've got a conflict that day, I
9 can't --

10 **DR. POSTON:** That's fine with me.

11 **DR. WADE:** 27th of November, going once --

12 **DR. LOCKEY:** I'm conflicted, I can't do it that
13 day.

14 **DR. BRANCHE:** Anybody else who's conflicted
15 that day?

16 **UNIDENTIFIED:** What's with you people, having a
17 life?

18 **DR. WADE:** Okay.

19 **DR. ZIEMER:** 26th?

20 **DR. WADE:** 27th, 26th?

21 **DR. LOCKEY:** I'm conflicted the 26th and 27th.

22 **DR. BRANCHE:** I would only caution that the
23 26th is the Monday after Thanksgiving --

24 **MS. MUNN:** Yes.

25 **DR. BRANCHE:** -- for those who will be doing --

1 **MS. MUNN:** Obviously not a smart idea. The
2 27th.

3 **DR. BRANCHE:** Tuesday the 27th?

4 **DR. WADE:** Without Dr. Lockey.

5 **MS. MUNN:** We'll just have to drop out --

6 **DR. WADE:** Are you okay with that, Dr. Lockey?

7 **DR. LOCKEY:** Sure.

8 **DR. WADE:** The 27th -- Tuesday the 27th of
9 November, 2007, 11:00 a.m., with an
10 understanding that Dr. Lockey is not available.

11 **DR. BRANCHE:** That's 11:00 a.m. Right?

12 **DR. WADE:** Correct.

13 **DR. LOCKEY:** So that's in place of the 6th.
14 Right?

15 **DR. ZIEMER:** Yes.

16 **DR. WADE:** Replaces the 6th, 19th, many other
17 dates.

18 Okay, we're -- we're set --

19 **DR. MELIUS:** Could I just ma-- make one
20 request? I -- I think if -- if people are
21 developing conflicts that -- I mean they do
22 come up, we're all busy -- for meetings, it'd
23 be helpful if we -- rather than wait till we
24 come here, if possible do it ahead of time and
25 let people know 'cause at least myself, I

1 schedule things around these meetings and then
2 -- they -- then I'm -- we're sort of locked
3 into dates and I've told people that do
4 meetings on certain days 'cause -- and -- that
5 I can't do it on the 6th, then -- so it's --

6 **MR. CLAWSON:** Well, also, too, if one of us is
7 going to be gone -- that's why I didn't say
8 anything about December 6th because it was only
9 me.

10 **DR. MELIUS:** Yeah, yeah -- no -- no, I'm not
11 trying to call (unintelligible) --

12 **DR. WADE:** There's no bad people.

13 **DR. MELIUS:** -- (unintelligible) think -- but
14 it just made -- facilitated the earlier we can
15 deal with these conflicts, the better --

16 **DR. ZIEMER:** Right.

17 **DR. MELIUS:** -- and so forth and --

18 **DR. WADE:** My desire is to have more than a
19 year of meetings scheduled for you 'cause
20 that's what you've asked me to do.

21 **DR. ZIEMER:** Yeah, and we all can then schedule
22 around it.

23 Okay, Christine has --

24 **DR. BRANCHE:** Yeah, one bookkeeping issue. If
25 you would like your book to be mailed back to

1 you, if you could please use your name tent,
2 put it inside your book somewhere, and then
3 take it out to the desk for Zaida. If you
4 don't have your name on it, she won't know who
5 it's for and it won't go.

6 **MS. BEACH:** Do you want us to put addresses on
7 it or is she okay without --

8 **DR. BRANCHE:** She's got that, just the name
9 tent to indicate that it's yours. Thank you.

10 **DR. ZIEMER:** Okay, I think that completes our
11 business. Or Jim, do you have your tent up for
12 a comment or just out of habit?

13 **DR. MELIUS:** No -- yeah.

14 **DR. ZIEMER:** Okay.

15 **DR. MELIUS:** Do we -- do we qualify for
16 identity theft if --

17 **DR. ZIEMER:** I think so.

18 **DR. MELIUS:** Someone -- I understand someone
19 stole the -- the name tag (unintelligible).

20 **DR. ZIEMER:** Okay. Well, the group is getting
21 sufficiently frivolous. I can tell that we've
22 completed our work.

23 Thank you all very much. You've completed your
24 50th anniversary meeting of this Board. We
25 appreciate all your work, have a safe trip home

1 and we'll be talking to you in -- in October.

2 **DR. MELIUS:** And if you'll wait 15 minutes, Ray
3 will have the transcripts ready.

4 (Whereupon, the meeting was concluded at 12:35
5 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Oct. 5, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 8th day of November, 2007.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**